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SECRETARY OF STATE
AND AHASSEE, FLORIDI

T. CLINE
MAR - 2 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C			•		
SUBJE	ЕСТ:		Fixed Income F	und LLC	· · ·	
The end	closed Articles	of Organization and fee(s) are				
Please	return all corres	pondence concerning this mat	ter to the following:			
		P	eter Holzworth Name of Person			
-		Pennington Fixe	d Income Limited F	Partnership		
		122 N	E Wayaaat Way			
		132 N	E Wavecrest Way Address		<u> </u>	~
		Dane	D-4 El 22422		SEC	
			Raton, FL 33432		- 22	MAR
			oviello2@aol.com	•	ARY SSI	1
-		E-mail address: (to be used	for future annual report not	fication)	E OF	_
For furt	ther information	concerning this matter, pleas	e call:		STAT	1 3: 6
		r Holzworth	_at (561)	699-2172	 	_
	Name	e of Person	Area Code & Da	ytime Telephone Number		
Enclos	ed is a check t	for the following amount:				
] \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee Certified Copy (additional copy is en	Certificate of	Status &)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	ction rporations g e Center Circle		

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Pennington Fixed Inc (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
132 NE Wavecrest Way Boca Raton, FL 33432	132 NE Wavecrest Way Boca Raton, FL 33432
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Peter Hol	zworth CREET 2
Name	DIII _
132 NE Wave	
Florida street address (P.O.	Box MOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Boca Raton FL 33432

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Peter Holzworth	-
	132 NE Wavecrest Way Boca Raton, FL 33432	- -
MGRM	Thomas J. Montoya 10639 Wheelhouse Circle Boca Raton, FL 33428	- - -
		- -
	A S	2010 HAR
(Use attachment if necessary)	HAS:	3 5
	an the date of filing: (OPTIC ust be specific and cannot be more than five business	
days after the date of filing.) REQUIRED SIGNATURE:	ORIDA	3: 21
Signature of a n	ee b Hemuse	
of this documen	vith section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ted herein are true.)	
that the facts sta		
that the facts sta	Peter Holzworth Typed or printed name of signee	

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)