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| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| · | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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C. LEWIS

EXAMINER

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COVER LETTER

| Division of Co | | | | |
|------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| SUBJECT: | Patr | ek, LLC | | |
| | (Name of Limited | d Liability Company) | | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | |
| | | n P. Beverly | | |
| | C | Name of Person) | | |
| | | Firm/Company) | | |
| | | | | |
| 1930 Shelby Court (Address) | | | | |
| | Tallahase | see, FL 32308 | | |
| - | | /State and Zip Code) | | |
| For further information | concerning this matter, please | call: | | |
| John P | . Beverly | at (850) 345-650 | | |
| (Name | of Person) | (Area Code & Daytime To | elephone Number) | |
| Enclosed is a check for | or the following amount: | | | |
| ✓ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Patrek, | | | | |
| (Must end with the words "Limited Liability Company, "L | imited Company" or their abbreviation "LLC," or "L.C.,") | | | |
| ARTICLE II - Address: | | | | |
| The mailing address and street address of the | e principal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 1930 Shelby Court | 1930 Shelby Court | | | |
| Tallahassee, Florida 32308 | Tallahassee, Florida 32308 | | | |
| | red Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are: | | | |
| John P. Beverly | | | | |
| Name SER C | | | | |
| 1930 Shelby Court | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Tallahassee | FL 32308 | | | |
| City, Sta | ate, and Zip | | | |
| | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as | | | |

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

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM John P. Beverly 1930 Shelby Court Tallahassee, Florida 32308 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

John P. Beverly Typed or printed name of signee