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DIVISION OF CORPORATIONS  
10 MAR 16 PM 3:49

T. HAMPTON

MAR 17 2010

EXAMINER

0134-0102

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Primal Savage**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Theresa E. Savage**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**4671 Harpers Ferry Lane**

\_\_\_\_\_  
Address

**Jacksonville, FL 32257**

\_\_\_\_\_  
City/State and Zip Code

**speclalk55@bellsouth.net**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Keven E. Dengler**

\_\_\_\_\_  
Name of Person

at ( 904 )

**463-2512**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAR 16 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 9, 2010

THERESA E SAVAGE  
4671 HARPERS FERRY LN  
JACKSONVILLE, FL 32257

SUBJECT: PRIMAL SAVAGE, L.L.C.  
Ref. Number: W10000011910

We have received your document for PRIMAL SAVAGE, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 110A00005869

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Primal Savage, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

#### Mailing Address:

4671 HARPERS FERRY LANE

P O Box 56555

JACKSONVILLE, FL. 32257

Jacksonville, FL 32241-6555

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Theresa E. Savage

Name

4671 Harpers Ferry Lane

Florida street address (P.O. Box NOT acceptable)

Jacksonville,

FL 32257

City, State, and Zip

*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

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DIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Theresa E. Savage

4671 Harpers Ferry Lane

Jacksonville, FL 32257

MGRM

Esther Vorhees

4671 Harpers Ferry Lane

Jacksonville, FL 32257

MGRM

Keven E. Dengler

4671 Harpers Ferry Lane

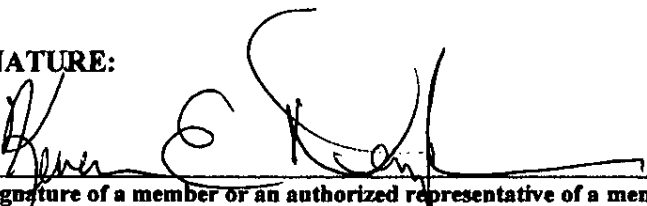
Jacksonville, FL 32257

(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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KEVEN E. DENGLER

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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10 MAR 16 PM 3:49