## L10000049979

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(Only Old Or Explication Control of Control
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Busiliess Chuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000180184240

Effective Date 05/04/10

05/07/10--01046--017 \*\*160.00

10 MAY -7 PH 2: 13
SECRETARY OF STATE
AHASSEE FI OND

J. BRYAN

MAY 1 0 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: Palafo	x Ventures, LLC		
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
David C. Ha	ambrick 111		
	<del></del>	Name of Person	
Palafox Ver	ntures, LLC		SECR
<del></del>		Firm/Company	EST T
.700 N. 9th S	Street		SSER I
		Address	70 C
Pensacola,	FL 32501	•	TATE OAND
	Cit	y/State and Zip Code	
dhambrick1	47@yahoo.com		
	E-mail address: (to be used	for future annual report notification)	<u>-</u>
For further information	on concerning this matter, please	e call:	
David C. Hambrid	ck 111	at ( 850)434-6666	
Nar	ne of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	©\$130.00 Filing Fee & Certificate of Status	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	美 美
The name of the Limited Liability Company is:	ity Company, "L.L.C.," or "LLC.")
Palafox Ventures, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
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:
700 N. 9th Street	700 N. 9th Street
Pensacola, FL 32501	Pensacola, FL 32501
business entity with an active Florida registration.)  The name and the Florida street address of the r	registered agent are: Effective Date 05 04 10
David C. Hambrick 111	
Name	
700 N. 9th Street	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Pensacola, FL 32501	FL
City, St	ate, and Zip
liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and estered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

	Managing Member(s): Ianager or Managing Member is as follows:  Name and Address:  David C. Hambrick 111
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Wildiam Wanaging Weinber	
MGR	المحرد David C. Hambrick 111
	700 N. 9th Street
	Pensacola, FL 32501
	·
<del></del>	
(Use attachment if necessary)  LE V: Effective date if other that	n the date of filing MAY 4, 2010 (OPTIC
LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.)	
LE V: Effective date, if other that fective date is listed, the date mu	
LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:	ember or an authorized representative of a member.
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance will of this document)	ist be specific and cannot be more than five business
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance will of this document)	ember or an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with of this document that the facts state	ember or an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)