

| (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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SECRETARY OF SIATO

MAY 2 8 2010 EXAMINER

COVER LETTER

Registration Section
Division of Corporations

| SUBJECT: | PERTINACITY | INVESTMENT LLC nited Liability Company | |
|------------------------------|--|---|------|
| | Name of Lin | nited Liability Company | |
| The enclosed Article | s of Organization and fce(s) a | re submitted for filing. | |
| Please return all corre | espondence concerning this m | atter to the following: | |
| | CHRIS F | ADDEN Name of Person | |
| | | Name of Person | |
| | FADDEN | Firm/Company | |
| | | Firm/Company | |
| | 424 FOURTH | AVENUE | |
| | | Address | |
| | INDIALANTI | City/State and Zip Code | |
| | | | |
| | E-mail address: (to be use | addenenterpnses, com d for future annual report notification) | |
| For further information | on concerning this matter, plea | ase call: | |
| CHRIS | FARRIEN | 768 - 0071 | |
| Nar | ne of Person | at (321) 768 - 0071 Area Code & Daytime Telephone Number | |
| Englosed is a about | r for the following amounts | | |
| | for the following amount: | | |
| \$ \$125.00 Fifing Fe | e \$\infty\$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certificate of Statu Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certificate of Statu Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\begin{align*} \Pi\$\$ \$160.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \$\end{align*} \$align* | us & |
| | Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AI | ₽T | ICI | Æ | [-] | Na | me: |
|----|----|-----|---|-------|----|-----|
| | | | | | | |

The name of the Limited Liability Company is:

PERTINACITY INVESTMENT LLC
(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:

424 FOURTH AVENUE INDIALANTIC, E 32903

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:

424 FOURTH AVENUE
Florida street address (P.O. Box NOT 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..

gistered 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:

| FILED |
|-----------------------|
| 2010 HAY 27 AM 10: 53 |
| TASEURE TAGY |
| TALLAHASSEE, FLORIDA |

| | 7 - 5 1 |
|------------------------------|--|
| MGRM | CHRISTOPHER J FARDEN 424 FOURTH AVENUE |
| | INDIALANTIC, FL 32903 |
| .41 0 7.41 | BROWNLOW J FADDEN |
| MGRM | 424 FOURTH AVENUE |
| | INDIALANTIC, FL 32903 |
| | |
| | |
| | |
| Use attachment if necessary) | |
| | |

Name and Address:

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.)

CHRISTOPHER T FUNDEN

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)