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SECRETARY OF STATE

J. BRYAN

JUL 19 2010

EXAMINER

COVER LETTER

Division of Co				
SUBJECT: Tail Nur	nber, LLC			
		ed Liability Com	pany	
The enclosed Articles of	f Organization and fee(s) are	submitted for fili	ng.	
Please return all corresp	oondence concerning this mat	ter to the followir	ıg:	
Terry Ooten				
-	· · · · · · · · · · · · · · · · · · ·	Name of Person		70 6
Tail Number,	LLC			10 JUL SECRE
		Firm/Company		ASS ASS
1240 Thomas	ville Road, Suite 200			EE R
		Address		16 PH 1: 54 TARY OF STATE ASSEE. FLORE
Tallahassee,		10		- P
T Otro I.		y/State and Zip Co	ie	
Terry@trader	nark.net E-mail address: (to be used)	for future annual re	port notification)	
For further information	concerning this matter, please		·	
Terry Ooten		at (_850	₎ 545-4554	
Name	of Person	Area Coo	de & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fili Certified C (additional co	~	\$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	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building xecutive Center Cassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tail Number, 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:	
1240 Thomasville Road	1240 Thomasville Road	
Suite 200	Suite 200	
Tallahassee, FL 32303	Tallahassee, FL 32303	

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:

Terry Ooten	
	Name
6420 Thom	asville Road
	Florida street address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32312
	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

<u>Fitle:</u> 'MGR" = Mana	ger	Name and Address:	SECRETARY OF STATE
	naging Member		SSE
MGRM		Terry Ooten	F. 97
		6420 Thomasville Road	95
		Tallahassee, FL 32303	- <u>S</u> m
// GR		Melissa Ooten	
		6420 Thomasville Road	
		Tallahassee, FL 32303	
			
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