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AUG 17 2010

**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Division of C			
SUBJI	ECT: ANGLII	N - ROY INVESTMENT		
		Name of Limi	ted Liability Company	
		of Organization and fee(s) are		
Please	return all corres	pondence concerning this mat	ter to the following:	
	RANDY AN	GLIN		
			Name of Person	
	ANGLIN - RO	OY INVESTMENTS LLC	;	
			Firm/Company	
	1977 FAULI	K FERRY ROAD		
			Address	
	BAKER, FL			
		Cir	ty/State and Zip Code	
	·	E-mail address: (to be used	for future annual report notification)	
For fur	ther information	concerning this matter, pleas	e call:	
RANI	DY ANGLIN		at ( 850 ) 830-0605	<u>-</u>
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a check f	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 Tallabasses El 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

6 . . . . . . . . . .

The name of the Limited Liability (  ANGLIN - ROY INVESTMEN	NTS LLC			
(Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	ress of the principal office of the Limited Liability C	ompany is:		
Principal Office Address:	Mailing Address:	Mailing Address:		
1977 Faulk Ferry Road	1977 Faulk Ferry Road			
Baker, FL 32531	Baker, FL 32531			
(The Limited Liability Company cannot serve a business entity with an active Florida registrate.)  The name and the Florida street additional RANDY ANGLE.	dress of the registered agent are:			
	( FERRY ROAD orida street address (P.O. Box NOT acceptable)			
BAKER	FL 32531  City, State, and Zip			
liability company at the place de registered agent and agree to act in statutes relating to the proper and	agent and to accept service of process for the above sta esignated in this certificate, I hereby accept the appoint a this capacity. I further agree to comply with the prov d complete performance of my duties, and I am familian sition as registered agent as provided for in Chapter 60	tment as isions of all with and		

egistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
" MGR" - 50%	RANDY ANGLIN
	1977 FAULK FERRY ROAD
	BAKER , FL 32531
"MGRM" -50%	ERNIE ROY
	1960 DOVE LANE
	BAKER, FL 32531
(Use attachment if necessary)	
	date of filing: August 15, 2010 . (OPTIONAL) especific and cannot be more than five business days prior

**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.)

RANDY ANGLIN

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)