## 11000089210

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Dusiness Littly Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF STATE

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## **COVER LETTER**

| TO:                               | Registration<br>Division of C | Section<br>Corporations  |  |          |  |
|-----------------------------------|-------------------------------|--|--|----------|--|
| emp m                             | ·cr.`` 6                      | Ed Harris 1  | LLC  |          |  |
| Name of Limited Liability Company |                               |  |  |          |  |
| The end                           | closed Articles               | of Organization and fee(s) are   | e submitted for filing.  |          |  |
|                                   |                               | spondence concerning this ma   | _  |          |  |
|                                   |                               | rd Thomas 1  |  |          |  |
| •                                 | <u> FOID</u>                  | id Morids  | Name of Person   |          |  |
|                                   |                               |  |  |          |  |
| -                                 |                               |  | Firm/Company   |          |  |
| _                                 | 203                           | D Register r   | d  |          |  |
|                                   |                               |  | •  |          |  |
|                                   | Tallo                         | ihassee f  | lorida 32305   |          |  |
|                                   |                               | Ci   | ity/State and Zip Code   |          |  |
| _                                 | ,                             | E-mail address: (to be used  | for future annual report notification)   |          |  |
| For furt                          | her information               | n concerning this matter, pleas  | se call:   |          |  |
| Fdu                               | ard T                         | Harrist  | at (850 ) \$19 6412  |          |  |
| -                                 | Nam                           | e of Person  | Area Code & Daytime Telephone Number   |          |  |
| Enclose                           | ed is a check                 | for the following amount:  |  |          |  |
| <b>]</b> \$125.00                 | Filing Fee                    | \$130.00 Filing Fee &<br>Certificate of Status   | \$155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is | Status & |  |
|                                   |                               | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee 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

| ARTICLE I - Name:   |   |
|---|---|
| The name of the Limited Liability Company is  | s:  |
| Ed Harris LLC (Must end with the words "Limited Lial  | bility 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:  |
| 2030 Register vd<br>Tallahasser Fl<br>32305   | 2030 Register rd<br>Tallamassee ft<br>32305   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) |   |
| Nam  7030 Registe  Florida street a   | Edu-ard Moncis Harris & The Control of the Control |
| Talkhassee<br>City, S   | FL 37305 State, and Zip   |
| liability company at the place designated in<br>registered agent and agree to act in this capaci<br>statutes relating to the proper and complete p          | o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S   |
| Registered Agent's Signa  | ature (REQUIRED)  |

Page 1 of 2

(CONTINUED)

## 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:  |
|---|--|
| MGPM  | Edward Thomas Harris II<br>2030 Register rd<br>Talkhossee Fl 32305                     |
| <del></del>   |  |
|   |  |
| (Use attachment if necessary)   | ······································   |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | date of filing: (OPTIONAL) e specific 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

tonomics lecons

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)