## L13000124605

(Re	equestor's Name)	
(Ad	ldress)	
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/Cit	ry/State/Zip/Phone	e #)
(0).	your ore	<i>,</i> ,,,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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13 SEP -3 AN II: 42 SECRETARY OF STATE TALL AMASSEE FLORINA

SEP - 4 2013

T. HAMPTON

## COVER LETTER

TO;	Registration S Division of Co			
SUBJI	Fran	chot LLC		
30001			ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	Brian P	rice		
		, , , , , , , , , , , , , , , , , , ,	Name of Person	
	Franch	ot LLC		
			Firm/Company	
	2401 R	uth Hentz Ave	enue	
			Address	
	Panam	a City, FL 324	105	
٠			y/State and Zip Code	
	taribabyha	ardt@knology.net	for future annual report notification)	
For fur	ther information	concerning this matter, please	·	
rai	riba Byh		at (850 276-4507  Area Code & Daytime Telephone Number	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for	or the following amount:		
<b>■\$12</b> 5.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing F Certificate of State Certified Copy (additional copy is enclosed)	itus &
		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 Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
Franchot, LLC		
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
2401 Ruth Hentz Avenue	Same	
Panama City, FL 32405		
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address Fariba Byhardt	.)	i individual of another
r anda bynaidi.	Name	
2401 Ruth Hentz Aven	ue	
	la street address (P.O. Box NOT acceptable	le)
Panama City,	<sub>FL</sub> 32405	
	City, State, and Zip	
Having been named as registered age. liability company at the place desig registered agent and agree to act in t all statutes relating to the proper an and accept the obligations of my posi	gnated in this certificate, I hereby acc this capacity. I further agree to com d complete performance of my dutie.	cept the appointment as ply with the provisions of s, and I am familiar with
Registered Age	ent's Signature (REQUIRED)	13 SECT 1ALLE
(0	CONTINUED)	SEP -
	Page 1 of 2	LED 3 AM II: 42 YOF STATE FEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	·	
MGR	Brian Price	
MGR	2401 Ruth Hentz Avenue	
	Panama City, FL 32405	
	Tanama Oky, Te oz 400	
		·
		1
LE V: Effective date, if other than the offective date is listed, the date mus		(OPTION) te than five busine
(Use attachment if necessary)  LE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)		
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LE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	the specific and cannot be more	e than five busine
LE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a	e than five busine
LE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	the specific and cannot be more	member. of this document ated herein are true.
LE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a 8.408(3), Florida Statutes, the execution or the penalties of perjury that the facts stamation submitted in a document to the De	member. of this document ated herein are true.
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