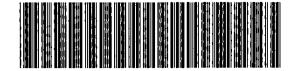
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
OCT - 4 2013 A. LUNT					

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# **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	ст:	Penneco Land Company,			
		Name of Limited	d Liability Company		
The enc	losed Articles o	of Organization and fee(s) are su	abmitted for filing.		
Please re	eturn all corresp	pondence concerning this matter	r to the following:		
_	Ţ.	Vesley T. Long, Esqui			
		1	Name of Person		
_	I	Long & Long, LLC			
		•	Firm/Company		
	3	305 West Pittsburgh S	treet		
_			Address		
	G	Greensburg, PA 15601		·	
_	City/State and Zip Code				
	V	ves@longandlongllc.co	m	2013 SEP	
_		E-mail address: (to be used fo	r future annual report notification)	5	
For furt	her information	concerning this matter, please of	call:		
Wes	ley T. Lor	ng, Esquire	at ( 724 ) 834-930		
	Name	of Person	Area Code & Daytime Telep	phone Number	
Enclose	ed is a check f	or the following amount:			
□\$125.0	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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit						
The manie of the Emmi	ted Liability Company is					
					20	
	eco Land Company, I			fran Frii	<u></u>	25m 201 - 5
(Must e	nd with the words "Limited Liab	lity Company, "L.L.C.," or	"LLC.")	$Z^{2}$	ξij	
ADTICI E II AJJ					یّی	-
The mailing address of	ess: nd street address of the p	ringinal office of the	Limited Lieb	رين (134) آڪي	<b>@</b>	آگارین
The manning address a	na street sautess of the b	inicipal office of the	Limited Liao	ımıy <sub>ı</sub> Çe	in band	/ 18.4 *****
Principal Office Add	ress:	Mailing Address	<u>:</u>	25.	<u>ن</u> ي	٠.
6247 Louise Cove	Drive	6247 Louise (	Cove Drive	17 1 Table	. <b>Ç</b>	
Windermere, Flor	ida 34786	Windermere, I	florida 347	86		
business entity with an activ	e Florida registration.)	tered Agent. You must des	ignate an individu	al or anot	her	
business entity with an activ	e Florida registration.)	registered agent are:	ignate an individu	al or anot	her	
business entity with an activ	e Florida registration.) rida street address of the Terrence S.	registered agent are:	gnate an individu	al or anot	her	
business entity with an activ	e Florida registration.)	registered agent are:	ignate an individu	al or anot	her	
business entity with an activ	rida street address of the  Terrence So	registered agent are:	gnate an individu	al or anot	her	
business entity with an activ	e Florida registration.) rida street address of the  Terrence S.  Name  6247 Louise	registered agent are:		al or anot	her	
business entity with an activ	e Florida registration.) rida street address of the Terrence S. Name 6247 Louise Florida street ad	registered agent are:  Jacobs  Cove Drive dress (P.O. Box NOT ac		al or anot	her	
business entity with an activ	e Florida registration.) rida street address of the Terrence S. Name 6247 Louise Florida street ad	registered agent are:  Jacobs  Cove Drive  dress (P.O. Box NOT ac		al or anot	her	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Terrence S. Jacobs 6247 Louise Cove Drive	*********
	Windermere, FL 34786	
		Administration
	Jan , , ,	
		2013 SEP (
(Use attachment if necessary)	619	
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be prior to or 90 days after the date of filing.)		TQNAL)
REQUIRED SIGNATURE:		
Signature of a member o	r an authorized representative of a member.	

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.)

Terrence S. Jacobs 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)