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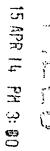
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SECKE KAY OF STATE TALKAHASSEF, FLORID B



## **COVER LETTER**

	egistration Section vision of Corporations					
SUBJECT	: Gene H.	Pfundame of Lin	III Hanling L	LC.	<del></del>	
The enclose	ed Articles of Organization a	nd fee(s) ar	re submitted for filing.			
Please retu	m all correspondence concer	ning this m	atter to the following:			
	G	sene	H. Pfund III Name of Person	· · · · · · · · · · · · · · · · · · ·		
			H. Pfund III Han Firm/Company			<del></del>
	7199	Bloc	antstown Hwy Address			<del></del>
	Tall	lahass	ity/State and Zip Code  and McHSI. a  d for future annual report notifica	0		
	ge	ne pfu	and @ MCHSI. a	OM.		
<del></del>		(		tion)		
For further	information concerning this	matter, plea	ase call:			
<u>ben</u>	Name of Person	at (	850 528- Area Code Daytime Tel	699. lephone Ni	umber	
Enclosed is	a check for the following arr					
]\$125.00 Fi	ling Fee \$\bigkip \bigkip \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	g Fee & f Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif		atus &
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	STAG LORI	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(.	spne H.	Pfund II	Han	ling L	LC.			
		he words "Limited				LC.")		
ARTICLE II - Addre The mailing address ar		s of the principal of	fice of the	Limited Liabi	lity Compa	ıny is:		
Principal Office Add	ress:		Mailin	Address:				
7199 Blown	tstown.	Hung	719	alassue	ntston	1 Hy		
72112421344				# · # Jane	<del></del>			
ARTICLE III - Regis (The Limited Liability another business entity	Company cann	ot serve as its own	Registered			ate an indiví	dual or	
The name and the Flor								
		Gene H. H Name Blown total	Fund	<u> </u>				
	_	Name		. 1				
					<del></del>			
		address (P.O. Box		-				
	Talle	. harsee City	FL	32316	2			
		City		Zip				
Having been named a the place designate capacity. I further a of my duties, and I d	d in this certific gree to comply v	ate, I hereby accept with the provisions of and accept the obl	the appoint	ntment as regis es relating to ti my position as	tered ageni he proper a	t and agree to and complete	o act ir perfor	n this mance
		~~//	/z_					
	Registe	ered Agent Signat	ure (REQI	JIRED)				
		(CONTINUI	ED)			( <u>*</u> 0. Za	<u></u>	
		Page 1 of 2				ERVHVSSEETER	15 APR 14 PH 3	Caracan Cara Caracan C

AMBR" = Authorized Member  MGR" = Manager  Tile Requirement if necessary)  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts state the facts may 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.)  Level H. Hand III  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)  Page 2 of 2	Title:		Name and Address:	
We attachment if necessary)  E. V: Effective date, if other than the date of filing:  Cive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  E. VI: Other provisions, if any.  EXI: Other provision		ed Member		
Use attachment if necessary)  E. V. Effective date, if other than the date of filing:	MGR	<del></del>	Gene H. Pfund	77
Use attachment if necessary)  E. V. Effective date, if other than the date of filing:			7/99 Blountstown	Huy
E V: Effective date, if other than the date of filing:			Tally halful FL	57210
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Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Seven H. Pfunctiff Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	Use attachment if ne	cessary)		
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Seven H. Pfunctitt  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	V. Effective date if	Fother than the date of fil	inc:	(OPTIONAL)
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