2001

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ORNSTEIN-SCHULER CAPITAL PARTNERS, LLC

Account Number : 120150000079

Phone Fax Number : (678)904-9956 : (678)904-9402

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **Huston Minerals LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC'	Huston Minerals LLC		
SUBJEC		ne of Limited Liability Company	
The enclo	sed Articles of Organization and fo	fee(s) are submitted for filing.	
Pleasc ret	urn all correspondence concerning	g this matter to the following:	
	Matthew S. Kaynard		
		Name of Person	
	Huston Minerals LLC		
		Firm/Company	
	5337 N. Socrum Loop Rd., #30	04	
		Address	
	Lakeland, Florida 33809		
	mattk@oscp.net	City/State and Zip Code	
		be used for future annual report notification)	
For further	information concerning this matter	er, please call:	
	Reshma Patel	678 904-9956	15 00
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amour	int:	
\$125.00	Filing Fee \$130.00 Filing F Certificate of Su	torus —— Certified Copy —— Certificate of Status &	က် က က
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability	ty Сопралу is:		
Huston Minerals LL			
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited L	iability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
		\$227	N. Socrum Loop Rd., #304
5337 N. Soerum Loc	p Rd., #304	<u> </u>	IN. SOCIULI LIDOD RUE, MOUY
Lakeland, Florida 33 ARTICLE III - Registered Age	ent, Registered Office,	Lakel	and, Florida 33809
Lakeland, Florida 33 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered	& Registered Agent Registered Agent. Y	and, Florida 33809
Lakeland, Florida 33 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration	Lakel & Registered Agent Registered Agent. Y n.) agent are:	and, Florida 33809
Lakeland, Florida 33 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered	& Registered Agent Registered Agent. Y	and, Florida 33809
Lakeland, Florida 33 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered	& Registered Agent. Y Registered Agent. Y n.) agent are:	and, Florida 33809
Lakeland, Florida 33 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered NRAI Services, Inc.	& Registered Agent. Y Registered Agent. Y n.) agent are: Name	and, Florida 33809 T's Signature: ou must designate an individual or
Lakeland, Florida 33 ARTICLE III - Registered Age	ent, Registered Office, cannot serve as its own active Florida registration address of the registered NRAI Services, Inc.	& Registered Agent. Y Registered Agent. Y n.) agent are: Name	and, Florida 33809 T's Signature: ou must designate an individual or

place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED) KRahm, Asst Secretary to NRAI

(CONTINUED)

Page 1 of 2

oldings, LLC Cobb Parkway, Suite J 555 a, Georiga 30339
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be more than five business days prior to or 90 days as statutory filing requirements, this date will not be list
prized representative of a member, with section 605.0203 (1) (b), Florida Statutes.

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)