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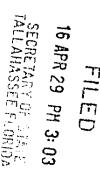
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Henderson Mountaineer	Enterprises, LLC	
SOBJEC		Limited Liability Con	mpany
The encl	osed Articles of Organization and fee(s	are submitted for fil	ing.
Please re	eturn all correspondence concerning this	matter to the following	ng:
	Oral E. Henderson, III	,	
		Name of Person	1
	Henderson Mountaineer Enterprises	, LLC	
		Firm/Company	
	PMB 301, 3941 Tamiani Trail #315	7	
		Address	
	Punta Gorda, Fl 33950		
	bhenderson@cccwv.us	City/State and Zip	Code
	E-mail address: (to be u	sed for future annual	report notification)
For further	information concerning this matter, pl	ease call:	
	Oral E. Henderson, III		.0888
	Name of Person	Area Code Day	time Telephone Number
Enclosed	is a check for the following amount:		
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Cop (additional copy	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations	New F Divisi	Address illing Section on of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		n Building 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:

FILED

16 APR 29 PM 3: 03

Henderson Mountaineer Enterprises, LLC

SECRETARY OF STATE

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC!" LAHASSEE FLORIDA

ARTICLE II - Address: The mailing address and street ad	ldress of the principal c	office of the Li	imited Liability Company is:	
Principa	ll Office Address:		Mailing Address:	
123 Tropicana Drive Punta Gorda, FL 3395	50		PMB 301 3941 Tamiani Trail #3157 Punta Gorda, Fl 33950	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered A	d Agent's Signature: Agent. You must designate an individual or	
The name and the Florida street a	ddress of the registered	i agent are:		
	Oral E. Henderson, I	II		
		Name		
	123 Tropicana Drive			
	Florida street addres	s (P.O. Box N	NOT acceptable)	
	Punta Gorda	FL	33950	
	City	State	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the 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)

(CONTINUED)

Page 1 of 2

Title:	Name and Address: 16 APR 29 PM 3: 03
"AMBR" = Authorized Member	ታመለከ ተ የተመሰቀ ነገር ነገር መጀመር ነገር ነገር ነገር ነገር ነገር ነገር ነገር ነገር ነገር ነገ
"MGR" = Manager	SECRETARY OF STATE Oral E. Henderson, III TALLAHASSEE FLORID
AMBR	PMB 301, 3941 Tamiani Trail #3157
	Punta Gorda, FL 33950
	
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b
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EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rank this document is executed.	member or an authorized representative of a member. suted in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many that any falconstitutes a third degree.	member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rank that any fall am aware that any fall.	member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

Page 2 of 2