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SECRETARY OF STATE
AND ANALYSIS

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K. Brumbley

COVER LETTER

SUBJECT: PANHANDLE GLOBAL VENTURES, LLC Name of Limited Liability Company		ew Filing Section ivision of Corporations		
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RODNEY D. DORAND Name of Person Firm/Company 58 DUNE TOP TERRACE Address SANTA ROSA BEACH, FL 32459 City/State and Zip Code MDJDRDD@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RODNEY D. DORAND 334 399-9553 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$155.00 Filing Fee \$130.00 Filing Fee \$155.00 Filing Fee \$160.00 Filing Fee,	CHELECT	PANHANDLE GLOBAL VENTUE	RES, LLC	
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Mailing Address Street Address New Filip Continue				
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P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		P.O. Box 6327		Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PANHANDLE GLOBAL VI		Name of L.C. 2 W.L.C. 23	-
(Must contain the v	words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of th	e Limited Liability Company is:	
Principal Offic	e Address:	Mailing Address:	
58 DUNE TOP TERRACE		58 DUNE TOP TERRACE	
SANTA ROSA BEACH, FL	32459	SANTA ROSA BEACH, FL 32459	_
		-	-
another business entity with an active Fl The name and the Florida street address	serve as its own Registere lorida registration.)	d Agent. You must designate an individual of ひんしん こうしゅうしゅうしゅうしゅうしゅうしゅうしゅうしゅうしゅうしゅうしゅうしゅうしゅう	
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(The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address ROD	serve as its own Registere lorida registration.) of the registered agent are	d Agent. You must designate an individual or の	. 3
(The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address ROD 58 D	serve as its own Registere forida registration.) of the registered agent are NEY D. DORAND Name	d Agent. You must designate an individual 이 수 수 수 수 수 수 수 수 수 수 수 수 수 수 수 수 수 수	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	RODNEY D. DORAND
AMDK	58 DUNE TOP TERRACE
	SANTA ROSA BEACH, FL 32459
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does not be a second or the date inserted.	not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must bate of filing.)	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.) If the date inserted in this block does recument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be listed that of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be note of filing.) If the date inserted in this block does not be comment's effective date on the Departm ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain an aware that any	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must be the of filing.) If the date inserted in this block does not be current's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain any aware that any	not meet the applicable statutory filing requirements, this date will not be list tent of State's records. a menuter or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

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)

ARTICLE IV-