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SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: E Polyner Exterprises LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Everett falmer
Name of Person
1778 Bainbridge Hwy
, was ess
Euincy, Fla. 32362
espainer and Zip Code espainer and Zip Code espainer and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Everett Palmer at (850) 408-7750 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S130.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address Navi Filing Systics

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RTI	CI	$\mathbf{E} 1$	-	Name:

The name of the Limited Liability Company is:

E Palmer Enterprises "LLC"

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1778 Bainbridge Hwy Quincy, Fla 32352	1778 Bairbridge Henry
Quincy, Fla 32352	Durcy, 3/2 32353

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

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)

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SECREPARE OF STATE

ARTICLE IV- The name and address of each person	, , , ,
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager of	Everett falmer 1778 Bainbridge Hwy
Officer	Johnnie McElvy 1285 Glory Rd
	quincy, Pla 31852
n effective date is listed, the date must be late of filing.)	date of filing;
TCLE V: Effective date, if other than the an effective date is listed, the date must blate of filing.) E: If the date inserted in this block does recommended.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be l
TCLE V: Effective date, if other than the or effective date is listed, the date must be late of filing.) e: If the date inserted in this block does redocument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be l
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TICLE V: Effective date, if other than the on effective date is listed, the date must be date of filing.) Le: If the date inserted in this block does redocument's effective date on the Department of the Depart	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State