

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| | lew Filing Section Division of Corporations | | |
|-------------|---|------------------|---|
| SUBJEC | Patterdale Properties LLC | | |
| SUBJEC | | Limited Liabilit | y Company |
| The enclo | sed Articles of Organization and fee(s) | are submitted | for filing. |
| Please ret | arn all correspondence concerning this | matter to the fo | ollowing: |
| | Tony Lee | | |
| | | Name of | Person Person |
| | | Firm/Cor | npany |
| | 407 S. Lake Starr Blvd. | | |
| | | Addre | SS |
| | Lake Wales, FL 33898 | | |
| | molly.lee@polk-fl.net | City/State and | Zip Code |
| | E-mail address: (to be us | ed for future a | nnual report notification) |
| For further | information concerning this matter, ple | ase call: | |
| | Tony D. Lee | 863 | 651-2191 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed | is a check for the following amount: | | |
| \$125.00 I | Filing Fee \$130.00 Filing Fee & Certificate of Status | Certifie | O Filing Fee & S160.00 Filing Fee. d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclose |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 1 | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

| ECRETARY | TIS AUG 20 |
|----------|------------|
| OF STA | AHII |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| | |
| Patterdale Properties LLC | |
| (Must contain the words "Limited Liab | ility 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: |
| 407 S. Lake Starr Blvd. | 407 S. Lake Starr Blvd. |
| Lake Wales, FL 33898 | Lake Wales, FL 33898 |
| | |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Re | |
| (The Limited Liability Company cannot serve as its own Reg | istered 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 age | nt are: |

Tony D. Lee

Lake Wales

407 S. Lake Starr Blvd.

City

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..

Name

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

State

Megistered Agent's Signature (REQUIRED)

33898

(CONTINUED)

| AGR" = Manager | |
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ARTICLE IV-