Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000237748 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

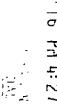
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			 	 	

FLORIDA LIMITED LIABILITY CO.

Twin Eglin Operator LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



(((H210002377483)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twin Eglin Operator LLC

To:

(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:

7830 Pine Forest Road

7830 Pine Forest Road

Pensacola, FL 32526 Pensacola

Pensacola, FL 32526

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:

Registered Agents Inc.

Name

7901 4th St N STE 300

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

St. Petersburg Fl

33702

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 (REQUIREI

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

To:

"AMBR" = Authorized Memb	Name and Address:
'MGR" = Manager	ici
AMBR	Twin Eglin Holdines LLC
	7830 Pine Forest Road
	Pensacola, FL 32526
•	
V: Effective date, if other th	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days
ctive date is listed, the date if filing.) the date inserted in this block pent's effective date on the D EVI: Other provisions, if any.	must be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
EV: Effective date, if other the ctive date is listed, the date if filing.) the date inserted in this blockment's effective date on the DEVI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
EV: Effective date, if other the crive date is listed, the date is filing.) the date inserted in this block ment's effective date on the DEVI: Other provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
EV: Effective date, if other the ctive date is listed, the date if filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any. REOURED SIGNATURE: Signate This docume: I am aware the	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.