## La300034402

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  |
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| Certified Copies Certificates of Status   |
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| Special Instructions to Filing Officer:   |
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Office Use Only



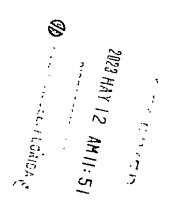
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S. CHATHAM

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## COVER LETTER

| TO: New Filing Section Division of Corporations        |   |
|--|---|
| SUBJECT: Wild Jut Name of Lim                          | Hey Circle LLC nited Liability Company  |
| The enclosed Articles of Organization and fee(s) are   | submitted for filing.   |
| Please return all correspondence concerning this mai   | tter to the following:  |
| Bryan S  | Sanders<br>Name of Person   |
| Millende   | * Accounting Tox Prop. I  |
| 3038 Craws   | produille Hwy Ste B   |
| Crowfordvill   | e FL 33337  |
| millender  | for future annual report notification)  |
| For further information concerning this matter, please | call:   |
| Bryan Sanders Are                                      | Rea Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:          |   |
| S125.00 Filing Fee   Certificate of Status             | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address  | Street Address  |
| New Filing Section Division of Corporations            | New Filing Section Division The Centre of Tallahassee   |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (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:  151 Wild Turkey Circle Crowbordville FL 38387 Crowbordville FL 38387  |            |
| 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:    Dyon   |            |
| 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 capacify. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties; and I mm familiar with and accept the obligations of my position as registered figent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED) | - 1<br>- 1 |
| (CONTINUED)  |            |

| Title: "AMBR" = Authorized Member   | Same and Address:  |
|---|--|
| "MGR" Manager   | Cecil W BOWEN THE FIRM CITCLE Craw Fordville FL 39387  |
|   |  |
|   | 3.4  |
|   | 2  |
|   | Cr. 30 17.   |
|   | 00   |
| (Use attachment if necessary)   |  |
| If an effective date is listed, the date must be spe<br>he date of filing.) | of filing: (OPTIONAL) reflic and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.                       |
| ARTICLE VI: Other provisions, if any.                                       |  |
|   |  |
| This document is execut<br>I am aware that any false                        | ander or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S. |
| _CCI  | Typed or printed name of signee  |

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)