195000000946

Federal Express

December 1, 1995

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Subject: The Coal Pot Limited Company

800001658508 -12765795--01109--001 ****293,75 ****293.75

Dear Sir/Madam:

Enclosed, please find the following documents for registering the above proposed limited liability company:

- i. an original Articles of Organization
- ii. one (1) copy of the Articles of Organization
- iii. registered agent acceptance certificate
- iv. affidavit of Membership and Contributions
- v. a check for \$293.75 representing payment for filing fee, registered agent designation and certificate.

We respectfully request that the above documents be processed. In the interim, we look forward to a certificate of registration for the above proposed limited liability company.

Sincerely,

Brent Boucaud

7294 N.W. 39TH Street

Coral Springs, FL 33065

Phone: (305) 832-3584

PmO 12-7-95

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The Coal Pot Limited Company



ARTICLE II - Address:

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

> 7294 N.W. 39TH Street, Coral Springs, Florida 33065

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Twenty (20) Years

ARTICLE IV - Management:

(complete only one of the appropriate statements)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

 $\overline{\mathbf{or}}$

The Limited Liability Company is to be managed by the members and the name and the address of the managing members are:

Name:

Address:

June Boucaud

7294 N.W. 39TH Street, Coral Springs,

Florida 33065

Brent Boucaud 7294 N.W. 39TH Street, Coral Springs,

Florida 33065

ARTICLE V - Registered Agent:

The name and street address of the initial registered agent of the Limited Liability Company

Brent Boucaud 7294 N.W. 39TH Street, Coral Springs, Florida 33065

ARTICLE VI - Registered Office:

The street address of the initial office of the Limited Liability Company is:

7294 N.W. 39TH Street Coral Springs, Florida 33065

11/95

(Signature of Member or Authorized

Representative of a Member)

FILED

95 DEC - 4 PH 2: 16

REGISTERED AGENT ACCEPTANCE CERTIFICA PILLAHASSEE. FLORIDA

Having been named registered agent and to accept service of process for THE COAL POT LIMITED COMPANY at the address, 7294 NW 39TH STREET, CORAL SPRINGS, FLORIDA, ZIP 33065, pursuant to provisions of section 608.415, Florida Statutes, I hereby accept the appointment as registred agent and agree to act in this capacity. I further agree to comply with 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.

By: But Son

Date:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

95 DEC -4 PH 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a membe	rof
The Coal Pot Limited Company	deposes and
says:	
1) the above named limited liability company has at least two r en	nbers
2) the total amount of cash contributed by the members is	\$5,000,00
 if agreed, the agreed value of property other than cash contributed by members is 	\$
4) the amount of cash anticipated to be contributed by members is	\$ _75,000,00
5) total amount of 2, 3, and 4	\$ _80,000,00
(In accordance with section 608.408(3), Florida Statutes, the execution of this atridavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	3
State of Floridu	
County of Beauard	
The foregoing instrument was acknowledged before me this 15t da	y of <u>December</u> , 1995 by
32eut Boucaud. He is personally known to me and o	lid take an oath.
OFFICIAL NOTARY SEAL RHENDA COPELAND COMMISSION NUMBER CC198383 Signature of Notary	Cy Ocol
	985 FV - VD-10-10-10-10-10-10-10-10-10-10-10-10-10-
Name of Notary Typed/	rrintea/Stampea

FILE NOW: Fee after May 1, will be \$263.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State
Division OF CORPORATIONS 1996 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 238.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #1,95000000946 ta. Principal Place of Business Address THE COAL POT LIMITED COMPANY 7294 NW 39TH STREET 7294 NW 39TH STREET CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 If above mailing address is excerted in any way. The through Incorrect Information and enter correction in Block 2a 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business SAME 12/04/1995 Surio, Apt. M. etc. Suite, Apt. #, etc 4. FEI Number Applied For 65-0626842 City & State Not Applicable City & State 6. Certificate of Status Desired 5. Date of Last Report Country Žφ Country S6.75 Additional Fee Required NOT PAP. 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent BOUCAUD, BRENT Street Address (P.O. Box Number is Not Acceptable) 7294 NW 39TH STREET CORAL SPRINGS FL 33065 Suite. Apl. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) (FXC)*[Registered Agent signature required when reinstance) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title CORAL SPRINGS FL 7294 NW 39TH STREET MCRM BOUCAUD, JUNE CORAL SPRINGS FL 7294 NW 39TH STREET MGRM BOUCAUD, BRENT 800000181413Q -05/08/96--0116:--008 ****238.75 ****238.75 11 I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) (k), Florida Statutes

INHSE 10 R(12-95)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGEMENT BOULAGE

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I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

5/96 (934)832.300