

L97000001015

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

\$ 285.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 SEP 15 PM 1:34

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

SUBJECT: PALISADE INVESTMENTS, L.L.C.  
(Proposed limited liability company name - must include suffix)

300002295843--0  
-09/17/97--01080--018  
\*\*\*\*570.00 \*\*\*\*285.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: PALISADE INVESTMENTS, L.L.C.  
Name (Printed or typed)

1455 South Ferdon Boulevard, Suite A  
Address

Crestview, Florida 32536  
City, State & Zip

(850) 682-4357

Daytime Telephone number

IAA \_\_\_\_\_  
FILING 250.00  
R. AGENT FEE 35.00  
COPY \_\_\_\_\_  
TOTAL 285.00  
BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

BK

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PALISADE INVESTMENTS, L.L.C.

**ARTICLE II - Address:**

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

1455 South Ferdon Boulevard  
Suite A-1  
Crestview, Florida 32536

**ARTICLE III - Duration:**

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

The period of duration shall be perpetual.

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

☐ 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:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Wesley M. Childers  
113 Kipling Drive Drive  
Crestview, FL 32536

Tom L. Crowe  
424 Apple Drive  
Crestview, FL 32536

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of \_\_\_\_\_  
PALISADE INVESTMENTS, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 100.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ .00  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ .00
- 5) the total amounts of 2, 3 and 4 is \$ 100.00

Tom L. Crowe

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

PALISADE INVESTMENTS, L.L.C.

2. The name and address of the registered agent and office is:

Tom L. Crowe

(NAME)

424 Apple Drive

(P. O. Box NOT ACCEPTABLE)

Crestview, FL 32536

(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.*

Tom L. Crowe

(SIGNATURE)

September 12, 1997

(DATE)