

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

L9700001015

\$ 285.00

FILED STATE
SECRETARY OF CORPORATIONS
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 _____
... FILING _____

BRK

9/15/97

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

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 15 PM 1:36

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**

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

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)

Filing Fee: \$ 35 for Designation of Registered Agent