

L 000000006377

ATTORNEYS TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- 402 NOLAND DR LLC

2-

3-

4-

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait Photocopy

Certificate of Status

NEW FILINGS

| | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

AMENDMENTS

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

OTHER FILINGS

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

REGISTRATION/QUALIFICATION

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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-06/02/00--01038--009
****125.00 ****125.00

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

00 JUN -2 AM 10:50

RECEIVED

Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN -2 PH 12:02

FILED
HL 6/2

36

ARTICLES OF ORGANIZATION

of

402 NOLAND DR., L.L.C.

ARTICLE I – Name:

The name of the Limited Liability Company is:

402 Noland Dr., L.L.C.

ARTICLE II – Address:

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

% Kent Runnells, Esq.
101 Main Street, Suite A
Safety Harbor, FL 34695


ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kent Runnells
Name
101 Main Street, Suite A
Florida street address (P.O. Box NOT acceptable)
Safety Harbor, Florida 34695
City, State and Zip

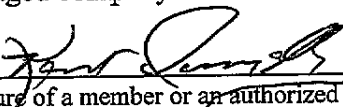
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.


Registered Agent's Signature

ARTICLE IV -- Management (Check box if applicable):

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative of a member.

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

Kent Runnels
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA