

L04000077981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

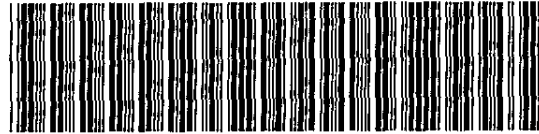
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04 OCT 27 PM 4:19
STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 OCT 27 PM 12:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 944660 7117422

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 155.00

FILED
04 OCT 27 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 27, 2004

ORDER TIME : 10:43 AM

ORDER NO. : 944660-005

CUSTOMER NO: 7117422

CUSTOMER: Ms. Courtney Aldridge
Katz & Green

1 Florida Park Drive South

Palm Coast, FL 32137

DOMESTIC FILING

NAME: ABSENTE, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
ABSENTE, LLC
A LIMITED LIABILITY COMPANY**

FILED
04 OCT 27 PM 4:19
SEVENTH JUDICIAL CIRCUIT IN AND FOR THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is: ABSENTE, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 58 Island Estates Parkway, Palm Coast, Florida 32137.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

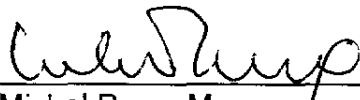
The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager(s) is/are:

Michel Roux, 58 Island Estates Parkway, Palm Coast, Florida 32137

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

I have signed these Articles of Organization and acknowledged them to be my act
this 10 day of October, 2004.

By: 
Michel Roux, Manager

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED FOR
ABSENTE, LLC**

IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR
QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT
58 ISLAND ESTATES PARKWAY, PALM COAST, FLORIDA 32137, HAS NAMED
MICHEL ROUX, 58 ISLAND ESTATES PARKWAY, PALM COAST, FLORIDA 32137, AS
ITS REGISTERED AGENT AND OFFICER TO ACCEPT SERVICE OF PROCESS
WITHIN FLORIDA.


DATE: 10/21/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-
STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.


DATE: 10/21/04