

LO5000102023

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

LO5-102023

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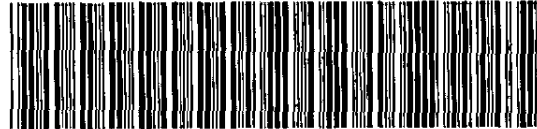
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M. HODGES

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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***Michael Tillman, P.A.***

5346 S.W. 91ST TERRACE, GAINESVILLE, FL 32608-7124  
TEL: 352-335-9015  
FAX: 352-376-0026  
E-MAIL: TILLMAN@POST.HARVARD.EDU

Estate and Charitable Tax Planning

MICHAEL TILLMAN, J.D.\*\*  
VONYA LANCE, J.D., LL.M.\*\*  
OF COUNSEL:  
SCOTT TANSEY, J.D., LL.M.\*  
THOMAS R. ROGERS, J.D., C.P.A.\*\*  
BYRON E. WOODMAN, JR., J.D., LL.M.†  
\* LIC. IN CA \*\*LIC. IN FL † LIC. IN MA

October 13, 2005

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314


Re: *Orpine LLC*

Dear Sir or Madam:

Enclosed please find a transmittal letter and Articles of Organization for Orpine LLC. Please file same in your usual manner. I enclose a check in the amount of \$125.00 for filing fees and registered agent designation.

Please issue a letter of acknowledgement to me at the above address.

Sincerely,



Michael D. Lambert  
Assistant to Michael Tillman

Enclosures

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enclosures

c: client

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orpine LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Tillman  
(Name of Person)

Michael Tillman, P.A.  
(Firm/Company)

5346 S.W. 91st Terrace  
(Address)

Gainesville, FL 32608  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Tillman at ( 352 ) 335-9015  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Orpine LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5203 N.W. 49th Lane  
Gainesville, FL 32653

**Mailing Address:**

5203 N.W. 49th Lane  
Gainesville, FL 32653

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

John Kirkpatrick

Name

5203 N.W. 49th Lane

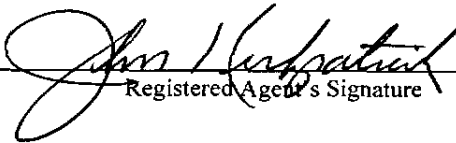
Florida street address (P.O. Box **NOT** acceptable)

Gainesville, FL 32653

FL

City, State, and 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 as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

John Kirkpatrick

5203 N.W. 49th Lane

Gainesville, FL 32653

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

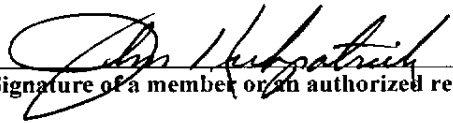
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

John Kirkpatrick  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)