

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 Fax (850) 222-1222

**L00000004191**

*Property Tax Information LLC*

400003205714--9  
-04/12/00--01048--018  
\*\*\*\*155.00 \*\*\*\*155.00

*L00-4191*

Name	<i>Q 4-12</i>
Availability	<i>Q</i>
Document	<i>Q</i>
Exhibit	<i>Q</i>
Model	<i>Q</i>
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Model	<i>Q</i>

Signature \_\_\_\_\_

Requested by: *LM* *4/12* *9:47*

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**FILED**  
00 APR 12 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

_____	Art of Inc. File
_____	LTD Partnership File
_____	Foreign Corp. File
<input checked="" type="checkbox"/>	L.C. File <i>Cert.</i>
_____	Fictitious Name File
_____	Trade/Service Mark
_____	Merger File
_____	Art. of Amend. File
_____	RA Resignation
_____	Dissolution / Withdrawal
<input checked="" type="checkbox"/>	Annual Report / Reinstatement
_____	Cert. Copy
_____	Photo Copy
_____	Certificate of Good Standing
_____	Certificate of Status
_____	Certificate of Fictitious Name
_____	Corp Record Search
_____	Officer Search
_____	Fictitious Search
_____	Fictitious Owner Search
_____	Vehicle Search
_____	Driving Record
_____	UCC 1 or 3 File
_____	UCC 11 Search
_____	UCC 11 Retrieval
_____	Courier

**RECEIVED**  
00 APR 12 AM 10:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

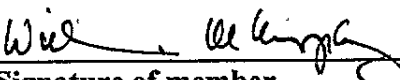
**ARTICLE I - The name of the Limited Liability Company is:**  
**Property Tax Information LLC**

**ARTICLE II - The mailing address and street address of the principal office of the Limited Liability Company is:**  
**4300 N. University Drive, Suite D103**  
**Lauderhill, FL 33351**

**ARTICLE III - The name and the Florida street address of the registered agent are:**  
**William M. Murphy**  
**4300 N. University Drive, Suite D103**  
**Lauderhill, FL 33351**

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

  
\_\_\_\_\_  
Signature of member

William M. Murphy  
Name of 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.

APR 12 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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