

Seminole Research  
Requester's Name

L020000004517  
Address

                     City/State/Zip                           Phone #

Office Use Only

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

1. Seminole Springs Research (Corporation Name) LLC (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. file 2/17 (Corporation Name) \_\_\_\_\_ (Document #)

- ☒ Walk in      ☐ Pick up time      ☒ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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 -02/25/02--01047--014  
 \*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials JP  
2-25-02

APPROVED AND FILED  
 02 FEB 25 PM 3:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 RECEIVED  
 02 FEB 25 AM 11:29  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

SEMINOLE SPRINGS RESERVE, LLC

**ARTICLE II - Address**

The mailing address and the street address of the principal office of the Limited Liability Company is: 300 S. Orange Avenue, Suite 1000, Orlando, FL 32801.

**ARTICLE III - Registered Agent and Office and Registered Agent's Signature**

Brian M. Jones  
300 S. Orange Avenue, Suite 1000  
Orlando, FL 32801

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - Management**

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

Date: February 22, 2002

  
\_\_\_\_\_  
Brian M. Jones, Authorized Representative

Signature of a member or 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.)

02 FEB 25 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED