

L13000105646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800249674758

07/26/13--01001--015 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
13 JUL 25 PM 4:26

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA  
2013 JUL 25 AM 9:45

JUL 26 2013

D. BRUCE

Mary Strickland - Bryant Miller Olive P.A.

Requester's Name

101 North Monroe Street, Suite 900

Address

Tallahassee, Florida 32301 (850) 222-8611

City/State/Zip

Phone #

Office Use Only

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

1. 2414 East Plaza Partners, LLC N/A  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(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 *Articles of Organization*

☐ 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

Examiner's Initials

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2414 East Plaza Partners, 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:

**Charles L. Cooper, Jr.**

Name of Person

**Bryant Miller Olive P.A.**

Firm/Company

**101 North Monroe Street, Suite 900**

Address

**Tallahassee, FL 32301**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Pamela K. Bailey**

Name of Person

at ( **850** ) **222-8611**

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

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2000 JUL 25 AM 9:45  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
2414 EAST PLAZA PARTNERS, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, or its successor statute, (the "Florida Limited Liability Company Act") for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the limited liability company is 2414 East Plaza Partners, LLC (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.** The period of duration of the Company shall be from the date of filing of its Articles of Organization until the first to occur of the following:

- (i) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Company Act; or
- (ii) By the mutual written agreement of a majority in ownership interest of the members of the Company (each a "Member" and, collectively, the "Members"); or
- (iii) As provided for in a written Operating Agreement executed by all the Members.

3. **PURPOSE.** The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS.** The initial mailing address and the street address of the place of business for the Company is Attn: Manager, 22397 White Oak Drive, Conroe, Texas 77306. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT.** The name and the Florida street address of the registered agent are:

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

6. **MEMBERS.** The Company shall have at least one (1) Member, and may admit additional Members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the Operating Agreement.

7. **CONTINUITY OF BUSINESS.** Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members (if any) of the Company.

8. **MANAGEMENT.** The management of the Company shall be through one or more Managers. Any Manager may be (but is not required to be) a Member of the Company. The Manager(s) shall be appointed by the Members and shall have the power and responsibilities provided for in the Operating Agreement.

20 JUL 25 AM 9:45  
CLERK OF SUPERIOR COURT  
HARRIS COUNTY, TEXAS

9. **INDEMNIFICATION.** Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any Member or former Member to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, this 25<sup>th</sup> day of July, 2013.

**2414 East Plaza Partners, LLC,**  
a Florida limited liability company

By: 

Charles L. Cooper, Jr.  
Members' Authorized Representative  
For Purposes of Executing and Filing  
these Articles of Organization

2013 JUL 25 AM 9:45  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

2414 East Plaza Partners, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

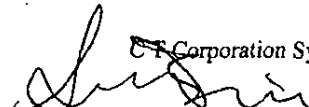
FL

33324

City/State/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, Florida Statutes.*

By:



(Signature)

CT Corporation System

**Sierra Burris**

**Vice President & Assistant Secretary**

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

2013 JUL 25 AM 9:45  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT