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ACCOUNT NO. : 072100000032

REFERENCE : 684889 7133027

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 160.00

ORDER DATE : May 3, 2000

ORDER TIME : 2:37 PM

ORDER NO. : 684889-005

CUSTOMER NO: 7133027

700003238957--2

CUSTOMER: Richard Mills, Esq  
RICHARD A. MILLS III, P.A.  
RICHARD A. MILLS III, P.A.

8809 Cross Landing Lane  
Riverview, FL 33569

DOMESTIC FILING

NAME: EVERGLADES INVESTMENTS, L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

RECEIVED  
00 MAY -3 PM 4:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

*WR 5/24*  
FILED  
00 MAY -3 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Everglades Investments, L.C.**ARTICLE II - Address:**

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

8809 Cross Landing Lane  
Riverview, FL 33569**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ann Chalmers  
Name  
8809 Cross Landing Lane  
Florida street address (P.O. Box NOT acceptable)  
Riverview, FL 33569  
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.

Ann Chalmers  
Registered Agent's Signature**Article IV - Management (Check box if applicable.)**☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Ann Chalmers  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ann Chalmers  
Typed or printed name of signee**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

**FILED**  
00 MAY -3 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA