

**L 00000000 7516**

1407 Piedmont Dr.  
Address

Tallahassee, FL 32303 386-2171  
City/State/Zip Phone #

Office Use Only

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

*Articles of Organization*

1. 664 State Street, L.L.C.  
(Corporation Name) (Document #)

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

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-06/28/00--01046--026  
\*\*\*\*390.00 \*\*\*\*130.00

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

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

☒ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☒ Will wait

☐ Certified Copy  
☒ Certificate of Status

☐ Photocopy

**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

FILED  
00 JUN 28 PM 2:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*W 6/28*

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
664 STATE STREET, L.L.C.**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

**ARTICLE I**

**Name**

The name of this Limited Liability Company shall be **664 STATE STREET, L.L.C.**

**ARTICLE II**

**Principal Place of Business and Mailing Address**

The principal place of business and mailing address of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32301.

**ARTICLE III**

**Duration**

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by its member as set forth in its Regulations. The name and address of the member is:

**Name**  
James M. Rudnick

**Address**  
226 North Duval Street  
Tallahassee, Florida 32301

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## ARTICLE V

### Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

## ARTICLE VI

### Transfer of Member's Interest

The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

## ARTICLE VII

### Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32312.

IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 28th day of June, 2000.

Wm Scott Lindsey  
Wm. Scott Lindsey,  
Authorized Representative Of A Member

State of Florida  
County of Leon

The foregoing Articles of Organization were acknowledged before me this 28th day of June, 2000, by Wm. Scott Lindsey.

Felicia M. Moses  
Notary Public



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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN  
THE STATE OF FLORIDA:

1. The name of the limited liability company is 664 State Street, L.L.C.
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey  
1407 Piedmont Drive East  
Tallahassee, Florida 32312

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 OF  
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.

Wm. Scott Lindsey  
Signature

6/28/00  
Date

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TALLAHASSEE FLORIDA

State of Florida  
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged  
before me this 28<sup>th</sup> day of June, 2000, by Wm. Scott Lindsey.

Felicia M. Moses  
Notary Public

