

L 00000011433

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

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

1- IV C, LLC

2-

3-

4-

00 SEP 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
00 SEP 20 PM 2:34  
DEPARTMENT OF MAIL  
SIGNATURE CENTER  
TALLAHASSEE, FLORIDA

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-09/21/00--01001--017  
\*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials

*[Handwritten Signature]*  
9-20-00

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

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**IV C, LLC**

**ARTICLE II — Address:**

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

**Mailing Address:** IV C, LLC  
c/o Jennifer R. Howell, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett & Carr, P.A.  
P.O. Drawer 511447  
Punta Gorda, Florida 33951-1447

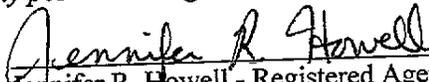
**Street Address:** 115 West Olympia Avenue  
Punta Gorda, Florida 33951-1447

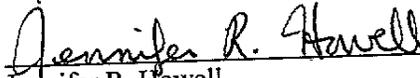
**ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Jennifer R. Howell, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett and Carr, P.A.  
115 West Olympia Avenue  
Punta Gorda, Florida 33951-1447**

*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.*

  
Jennifer R. Howell - Registered Agent

  
Jennifer R. Howell  
Signature of a member or an authorized representative of a member.

00 SEP 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AFFIDAVIT  
AND  
FILED

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jennifer R. Howell  
Typed or printed name of signee