# L01000000610

From: JON JURGENS (727)531 –5500
NAVILLUS SECURITIES, INC
19321 US 19 N
SUITE 505
CLEARWATER, FL, 33764

City/State/Zip

Phone #

MJH

400003531134--5 -01/10/01--01049--005 \*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

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

1. (Corporation Name)	(Document #)
2.	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  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  REGISTRATION/QUALIFICATION  DIVISION SECRETARY OF SECRETARY OF STATES  OF STATES  PROPERTY OF STATES  REGISTRATION/QUALIFICATION
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## ARTICLES OF ORGANIZATION OF ANNUIT COEPTIS, L.C.

The undersigned Members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

### ARTICLE I. NAME OF COMPANY

The name of the limited liability company is **ANNUIT COEPTIS**, **L.C.** (the "Company").

## ARTICLE II. MAILING ADDRESS OF COMPANY

The mailing address of the Company shall be 12034 93<sup>rd</sup> Way North, Largo, Florida 33733.

### ARTICLE III. PERIOD OF DURATION

The Company's period of duration shall commence upon the filing of these Articles with the Secretary of State of the State of Florida and be perpetual thereafter.

#### ARTICLE IV. REGISTERED OFFICE AND AGENT

The address of the Company's principal office is as follows: 12034 93<sup>rd</sup> Way North, Largo, Florida 33733. The name and address of the Company's initial registered agent in the State of Florida is as follows: Jonathan F. Jurgens, 12034 93<sup>rd</sup> Way North, Largo, Florida 33733.

#### ARTICLE V. NO ADDITIONAL MEMBERS

Additional persons may not be admitted to the Company as Members without the approval of all Members.

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#### ARTICLE VI. DISSOLUTION AND RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved upon the occurrence of the following: The death, retirement, resignation, expulsion, dissolution or bankruptcy of a Member, or any other event which terminates the membership of a Member in the Company, <u>unless</u> within ninety (90) days after such event Members owning a majority in interest of the Company agree in writing to continue the business of the Company.

#### ARTICLE VII. MANAGEMENT

The management of the Company will be reserved to the Managing Members in accordance with the Company's Operating Agreement and Regulations. The names and addresses of the Managing Members are:

NAME	N.	A.	M	Е
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#### **ADDRESS**

Jonathan F. Jurgens

12034 93<sup>rd</sup> Way North

Largo, FL 33733

Thomas L. Goebel

12034 93<sup>rd</sup> Way North Largo, FL 33733

#### ARTICLE VIII. PURPOSE

The Company is organized for the purpose of investing and holding investments in other entities of any form and for any other lawful purpose for which a limited liability company may be organized pursuant to the Act.

IN WITNESS WHEREOF, the following Members has executed these Articles of

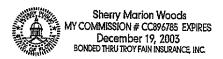
Organization on this 13th day of December, 1999.

Jonathan F. Jurgens

Thomas L. Goebel

## STATE OF FLORIDA ) COUNTY OF PINELLAS )

The foregoing instrument was acknowledged before me this 13<sup>TH</sup> day of December, 1999, by Jonathan F. Jurgens, Member. He is personally known to me.



Notary Public State of Florida

My Commission Expires: 12/19/03

STATE OF FLORIDA ) COUNTY OF PINELLAS )

The foregoing instrument was acknowledged before me this 13<sup>TH</sup> day of December, 1999, by Thomas L. Goebel, Member. He is personally known to me.

Sherry Marion Woods
MY COMMISSION # CC896785 EXPIRES
December 19, 2003
BONDED THRU TROY FAIN INSURANCE, INC

Notary Public State of Florida

My Commission Expires: 12/19/03

#### <u>CERTIFICATE OF DESIGNATION OF</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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:

ANNUIT COEPTIS, L.C.

2. The name and address of the Registered Agent and Office is:

Jonathan F. Jurgens 12034 93<sup>rd</sup> Way North Largo, FL 33733

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.

Jonathan F. Jurgens