



**THE UNITED STATES CORPORATION**  
COMPANY

L01000002355

ACCOUNT NO. : 072100000032

REFERENCE : 005263 9666A

AUTHORIZATION :

*Patricia Piguet*

COST LIMIT : \$ 125.00

ORDER DATE : February 14, 2001

ORDER TIME : 1:39 PM

ORDER NO. : 005263-005

CUSTOMER NO: 9666A

CUSTOMER: Tim Haines, Esq  
Hart & Gray

P. O. Box 3310

Ocala, FL 34478-3310

01 FEB 14 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

300003678043-15

DOMESTIC FILING

NAME: BEST LAID PLANS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandra Mathis - EXT. 1165

EXAMINER'S INITIALS:

*SB*  
2-14-01

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SECRETARY OF STATE  
CORPORATION DIVISION  
2001 FEB 14 PM 2:28  
TALLAHASSEE  
FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
BEST LAID PLANS, LLC**

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**ARTICLE I.  
NAME**

The name of the Limited Liability Company is "*Best Laid Plans, LLC*" (the "*Company*").

**ARTICLE II.  
ADDRESS**

The mailing address and street address of the principal office of the Company is 125 NE 1<sup>st</sup> Avenue, Suite 3, Ocala, Florida 34470.

**ARTICLE III.  
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 608.401 through 608.514 of the *Florida Statutes Annotated* (the "*Act*") or the Company's Operating Agreement among the members (the "*Operating Agreement*").

**ARTICLE IV.  
MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such managers who are to serve as managers are:

Lynn Townsend  
125 NE 1<sup>st</sup> Avenue, Suite 3  
Ocala, FL 34470

Heidi Glanzer  
125 NE 1<sup>st</sup> Avenue, Suite 3  
Ocala, FL 34470

APPROVED  
AND  
FILED  
01 FEB 14 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
BEST LAID PLANS, LLC

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**ARTICLE V.  
PURPOSE**

The purpose for which the Company is being organized is to operate a reprographics service providing large format copies, color plotting, graphic design, enlargements and reductions, copying and binding, plotter supplies, and other services to architects, engineers, planners, and third parties, and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.


**ARTICLE VI.  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on 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 shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.  
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being one of the members of the Company, has hereunto set her hand this 13<sup>th</sup> day of February, 2001.

  
LYNN TOWNSEND

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
BEST LAID PLANS, LLC

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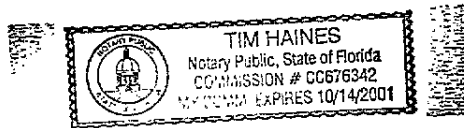
STATE OF FLORIDA  
COUNTY OF MARION

The foregoing ARTICLES OF ORGANIZATION were acknowledged before me by LYNN TOWNSEND, as a member of the above named limited liability company, who is personally known by me.

Dated: this 15<sup>th</sup> day of February, 2001.



Print Name: \_\_\_\_\_  
Notary Public, State of Florida  
Commission number \_\_\_\_\_  
Commission expires \_\_\_\_\_



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AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

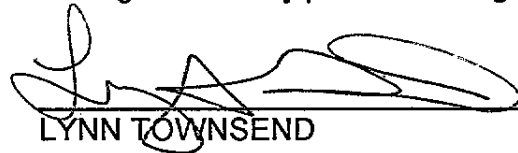
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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *BEST LAID PLANS, LLC.*
2. The name and address of the registered agent and office is:

Lynn Townsend  
125 NE 1<sup>st</sup> Avenue, Suite 3  
Ocala, FL 34470

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.

  
LYNN TOWNSEND

Date: February 15, 2001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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