L01000004440

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite • Tallahassee, Florida 32301
(850) 224-8870 1-800-342-8062 Fax (850) 222-1222

Lake Placid Foliage LLC

500003893195--7
-03/23/01--01001--003
****125.00 ****125.00

X Art of Inc. File
___ LTD Partnership File
___ Foreign Corp. File
___ L.C. File
___ Fictitious Name File
___ Trade/Service Mark
___ Merger File
___ Art. of Amend. File
___ RA Resignation
___ Dissolution / Withdrawal
___ Annual Report / Reinstatement
___ Cert. Copy
X Photo Copy
___ Certificate of Good Standing
___ Certificate of Status
___ Certificate of Fictitious Name
___ Corp Record Search
___ Officer Search
___ Fictitious Search
___ Fictitious Owner Search
___ Vehicle Search
___ Driving Record
___ UCC 1 or 3 File
___ UCC 11 Search
___ UCC 11 Retrieval
___ Courier

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TALLAHASSEE FLORIDA

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01 MAR 22 PM 3:13
DIVISION OF CORPORATION

KC 3/22

2p

Signature

Requested by: KC 3/22
Name Date Time

Walk-In ___ Will Pick Up ___

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LAKE PLACID FOLIAGE LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing:
LAKE PLACID FOLIAGE LLC
P. O. BOX 948
LAKE PLACID, FL 33862

Street:
LAKE PLACID FOLIAGE LLC
411 State Road 70 East
LAKE PLACID, FL 33852

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mr. Bert Harris, Swaine, Harris, Sheehan PA Attorney's At Law
Name
425 South Commerce Avenue
Florida street address (P.O. Box NOT acceptable)
Sebring FL 33870
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..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)
[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

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

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

A. Harold Lindau
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)