# 010000008817 CORPORATION

ACCOUNT NO.: 072100000032

REFERENCE: 171776

COST LIMIT :

81420A

AUTHORIZATION:

\$ 125.00

ORDER DATE: June 1, 2001

ORDER TIME : 8:50 AM

ORDER NO. : 171776-005

CUSTOMER NO:

81420A

000004339280-

CUSTOMER: Mr. Michael S. Hayworth

Hayworth & Chaney, P.a.

Suite 300

202 N. Harbor City Blvd.

Melbourne, FL 32935

## DOMESTIC FILING

NAME:

MICHAEL SCOTT HAYWORTH, L.L.C.

#### 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: Deborah Schroder - EXT. 1118 EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILTY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL SCOTT HAYWORTH, L.L.C.

## ARTICLE II - Address:

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

202 N. HARBOR CITY BLVD., SUITE 300 MELBOURNE, FL 32935

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

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

HAYWORTH & CHANEY, P.A. 202 N. HARBOR CITY BLVD, SUITE 300 MELBOURNE, FL 32935

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 certification, 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 statues 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..

By: Michael Hayworth, Pars
Registered Agents Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

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

Signature of a member of 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.)

## MICHAEL S. HAYWORTH

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 Certified of Status (Optional)

SECRETARY OF STATE TALLAHASSEF, FT OBJECT