



L0100000206089

ACCOUNT NO. : 072100000032

REFERENCE : 491502 7293616

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 125.00

ORDER DATE : November 29, 2001

ORDER TIME : 11:57 AM

ORDER NO. : 491502-005

CUSTOMER NO: 7293616

CUSTOMER: Mr. Michael D. Waggoner
Mr. Michael D. Waggoner

12634 County Road 561

Clermont, FL 34711

RECEIVED
01 NOV 30 PM 12:58
DEPARTMENT OF STATE
DIVISION OF CORPORATE AND
TALAHASSEE, FLORIDA

DOMESTIC FILING

NAME: FAMILY & FRIENDS LLC

EFFECTIVE DATE:

000004700330--B

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

APPROVED
AND
FILED
01 NOV 30 PM 2:54
SECRETARY OF STATE
TALAHASSEE, FLORIDA
10-20-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILY & FRIENDS LLC

ARTICLE II - Address:

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

12634 County Road 561, Clermont, Florida 34711

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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.

Corporation Service Company

By:

Laura R. Dunlap

Registered Agent's 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 requested)

Laura R. Dunlap

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.)

Laura R. Dunlap

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)

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TALLAHASSEE, FLORIDA

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AND
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MANAGING MEMBERS OF FAMILY & FRIENDS LLC

Michael D. Waggoner 12634 County Road 561
Managing Member Clermont, Florida 34711

Tonya S. Waggoner 12634 County Road 561
Managing Member Clermont, Florida 34711

dew

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of FAMILY & FRIENDS LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this day of ,


Signature

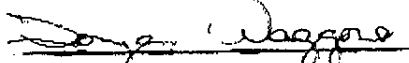
MICHAEL D. WAGGONER
Print Name of Signer

WITNESS:


Signature

Chris Waggoner
Print Name of Witness

WITNESS:


Signature

Tonya Waggoner
Print Name of Witness

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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