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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name

: KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES

Account Number: I19980000007

: (407)425-1020

Fax Number

: (407)839-3635

LIMITED LIABILITY COMPANY

NEPTUNE PROPERTIES OF OSCEOLA COUNTY, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 01 |
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ECRETARY OF STATE: LAHASSEE, FLORIDA

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Fax Audit No.: <u>H02000028220 0</u>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is NEPTUNE PROPERTIES OF OSCEOLA COUNTY, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 2221 Spring Lake Circle, Saint Cloud, Florida 34771.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

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

The name and Florida street address of registered agent are:

Martin F. Stamp 2 South Orange Avenue 5th Floor Orlando, FL 32801

Having been named as registered agent and to accept service of process for the above state 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.

Martin F. Stamp, Registered Agent

ARTICLE V - Management:

- ☑ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are: Thomas A. TerBeek, 2221 Spring Lake Circle, Saint Cloud, Florida 34771.
- ☐ The Limited Liability Company is to be managed by the member and the name and address of the sole managing member is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Fax Audit No.: <u>H02000028220 0</u>

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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 30^{th} day of January, 2002.

Martin F. Stamp, Authorized Representative of Thomas A. TerBeek, Manager

(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.)

Martin F. Stamp, Authorized Representative of Thomas A. TerBeek, Manager 02 FFB -1

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