

# 200055

ACCOUNT NO. : 072100000032

REFERENCE:

COST LIMIT :

ORDER DATE: March 5, 2002

ORDER TIME : 11:09 AM

ORDER NO. : 428665-001

CUSTOMER NO: 7327221

CUSTOMER: Mr. Corby W. Marshall

Mr. Corby W. Marshall

2837 Grande Oaks Way

Green Cove Spri, FL 32043

## DOMESTIC FILING

NAME: FLEMING ISLAND PARTNERS, LLC

### EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

800005064468--3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLEMING ISLAND PARTNERS, LLC

#### **ARTICLE II - Address:**

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

Corporation Service Company

2837 GRANDE OAKS WAY, GREEN COVE SPRINGS, FL 32043

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

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

Ivaille		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)	<del></del>	
Tallahassee FI 32301		
City, State, and Zip	<u> </u>	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Corporation Service Company  By: Deborah D. Skip  Registered Agent's Signature	as ons of all h and '. oper	
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers at therefore, a manager - managed company.	nd is, SE ALI	
(An additional article must be added if an effective date is requested)	CRET	 Ta
Signature of a member or an authorized representative of a member.	7-7. PM TARY OF ASSEE, F	FILED
(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.)	STATE STATE TORIDA	E and a second and
DEBORAH D. SKIPPER		
Typed or printed name of signee		ŧ "

\$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)

# MANAGING MEMBERS OF:

# FLEMING ISLAND PARTNERS, LLC

Corby Marshall Managing Member

Laura Marshall Managing Member 2837 Grande Oaks Way Green Cove Springs, FL 32043

2837 Grande Oaks Way Green Cove Springs, FL 32043

02 MAR -7 PM 3: 46
SECRETARY OF STATE
TALL AHASSEF FLORIDA

APPRUVI AND FILED

## 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 FLEMING ISLAND PARTNERS, 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 at and the exercise of the limited power granted herein without making further inquire as to the matters described herein or the authority of CSC to act hereunder.

WITNESS: WITNESS: WITNESS: Signature

Print Name of Witness

Emm Marshall

Print Name of Witness

AND FILED 22 MAR -7 PM 3: 48 SECRETARY OF STATE