

CORP DIRECT AGENTS (for perli CC S  
103 N. MERIDIAN STREET, DOW R L V  
TALLAHASSEE, FL 323  
222-1173

**L62000025095**

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
02 SEP 25 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: Pam  
DATE: 9-25-02  
REF. #: 0163.9556  
CORP. NAME: Goodwill Properties LLC

500008014515--9

09/25/02--01026--022

\*\*\*\*125.00 \*\*\*\*125.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER:                      |   |   |

402A DC054449  
STATE FEES PREPAID WITH CHECK# 3561 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING  
☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

RECEIVED  
02 SEP 25 AM 10:17

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR A FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Goodwill Properties, LLC

**ARTICLE II - Address:**

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

2520 W. Simms Blvd.  
Tampa, FL 33609

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

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

Marion P. Mathiason

Name

201 N. Franklin Street, Suite 2100.

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

Tampa

FL 33602

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.*

Marion P. Mathiason

Registered Agent's Signature

**ARTICLE IV - Management (Check box if**

☒ 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)

Marion P. Mathiason

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.)

Marion P. Mathiason

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)