

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

# LO2000027080

Lucerne Industrial  
Venture of Polk County  
LLC

000008355950--0  
-10/14/02--01008--016  
\*\*\*\*155.00 \*\*\*\*155.00

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

FILED  
02 OCT 14 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 OCT 14 AM 10:23  
DIVISION OF CORPORATION

Signature \_\_\_\_\_

Requested by \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
LUCERNE INDUSTRIAL VENTURE OF POLK COUNTY, L.L.C.  
a Florida Limited Liability Company**

**ARTICLE I. Name**

The name of the Limited Liability Company is: **LUCERNE INDUSTRIAL VENTURE OF POLK COUNTY, L.L.C.**

**ARTICLE II. Address**

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

**5100 U.S. Highway 98 N., Suite 15  
Lakeland, FL 33809**

**ARTICLE III.**


**Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Joe L. Saunders  
5100 U.S. Highway 98 N., Suite 15  
Lakeland, FL 33809**

FILED  
02 OCT 14 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
**Joe L. Saunders**  
Registered Agent's Signature

#### ARTICLE IV. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

**Joe L. Saunders**  
**5100 U.S. Highway 98 N., Suite 15**  
**Lakeland, FL 33809**

Dated: October 11, 2002

By: \_\_\_\_\_

*Joe L. Saunders*  
**Joe L. Saunders**  
**Managing Member**

FILED  
02 OCT 14 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA