0200002856

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400008577104

10/28/02--01056--014 **130.00

DIVISION OF CURVELATION 02 0CT 28 AND 13

\ CORPORATE /	<u> </u>	
ACCESS,	236 East 6th Avenue . Tallahassee, Florid	La 32303
INC. P.O. Box 37066	(32315-7066) ~ (850) 222-2666 or (808)) 969-1666 , Fax (850) 222-1666
PIC	WALK IN EK UP 10/28/02 / Vous 9	ludo
CERTIFIED COPY	$\frac{\mathcal{V}{\text{cus}}}{2}$	<u></u>
PHOTO COPY	VILING L	<u> </u>
LAKELAND HIL	ls Properties,	LLC
(CORPORATE NAME & DOCUMENT ()		
	_	SECRET NISION 0 02 OCT
CORPORATE NAME & DOCUMENT -)		28 AH 10:
CORPORATE NAME & DOCUMENT -)		IO: STATE
CORPORATE NAME & DOCUMENT #)	, <u></u> .	
CIAL INSTRUCTIONS	_	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited I	_iability Company is:	-
Lakeland Hills Pro	perties, LLC	_
ARTICLE II - Address: The mailing address and s	treet address of the p	rincipal office of the Limited Liability Company is:
7201 Shållowford ARTICLE III - Register	Rd Suite 200, (Chattanooga, TN 37421 d Office, & Registered Agent's Signature:
The name and the Florida	street address of the	registered agent are:
	NRAI Services, Inc.	
		Name
	526 E. Park Avenue	
	Florida street addres	st (P.O. Box NOT acceptable)
•	Tallahassee	FL 32301
	City,	, State, and Zip
liability company at the p registered agent and agre statutes relating to the pr	lace designated in this ee to act in this capaci oper and complete pe	accept service of process for the above stated limited as certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S. 1 May Spuid Amt. Switten fineseed Agent's Signature
		namaged by one manager or more managers and is,

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3), Florida Staintes, the execution of this document constitues an affirmation under the penalties of perjury that the facts stated herein are true.)

John C. Mooney

Typed or printed name of signee

Filing Face; \$100.00 Filing Fee for Acticles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)