| (Re | equestor's Name) | | | | | | |
|---|-------------------|------|--|--|--|--|--|
| (Ad | ldress) | | | | | | |
| (Address) | | | | | | | |
| (Cît | ty/State/Zip/Phon | e #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| 12/30 | FULL | · . | | | | | |
| | | į | | | | | |
| | | | | | | | |
| | | | | | | | |

Office Use Only



300009629253

02 DEC 30 PM 12: 54 RECEIVED



ACCOUNT NO. : 072100000032

REFERENCE: 874370 4304761

AUTHORIZATION: Patricia ligito

COST LIMIT : \$ 125.00

ORDER DATE: December 30, 2002

ORDER TIME : 10:12 AM

ORDER NO. : 874370-005

CUSTOMER NO: 4304761

CUSTOMER: Nathaniel Brown

Brown & Brown

110 Great Rd.

Bedford, MA 01730

DOMESTIC FILING

NAME:

GLENRIDGE LEASING COMPANY, LLC

EFFECTIVE DATE:

| | | | F INCORPORA E OF LIMITA | | | RSH] | ΙP |
|-----------------------------|--------|------|----------------------------|-----|-------|------|---------|
| XX ARTICLES OF ORGANIZATION | | | | | | | |
| PLEASE | RETURN | THE | FOLLOWING | AS | PROOF | OF | FILING: |
| CERTIFIED COPY | | | | | | | |
| XX | | | MPED COPY | | | | |
| | CERTI | TCAT | TE OF GOOD | STA | NDING | | |

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Glenridge Leasing Company LIC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4110 Centerpoint Drive, Re. Myers, Florida 33916, Suite 207

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

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

| Susan Jane Fay | |
|-------------------------------------|---------------------|
| 4110 Centerpoint Drive, Su | ite 207 |
| FORT Florida street address (P.O. B | Sox NOT acceptable) |
| Es. Myers, FL 33916 | : |
| City State en | d Zin |

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.

By: Registered Agent's Signature Susan Jane Fay

(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), Forda Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gordon H. Fay

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)

02 DEC 30 PH 3: 07