

L02000035188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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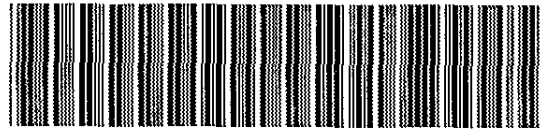
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 DEC 31 PM 12:21

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02 DEC 31 AM 10:40  
DIVISION OF CORPORATION

JB  
12-31-02



ACCOUNT NO. : 072100000032

REFERENCE : 866036 7361018

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 125.00

ORDER DATE : December 19, 2002

ORDER TIME : 8:38 AM

ORDER NO. : 866036-001

CUSTOMER NO: 7361018

CUSTOMER: Mr. Michael C. Tracy  
Mr. Michael C. Tracy

294 Glen Eagles Dr.

Orange Park, FL 32073

DOMESTIC FILING

NAME: EMINAR, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

OFFICE OF THE  
CLERK OF THE STATE  
JAN 1 2003  
TALLAHASSEE, FLORIDA

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AND  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

EMINAR, LLC

### ARTICLE II - Address:

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

294 Glen Eagles Drive, Orange Park, Florida 32073

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

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

Corporation Service Company ✓  
Name  
1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32301  
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.*

Corporation Service Company

By: Lynette Coleman

Registered Agent's Signature

**Lynette Coleman**  
**as its agent**

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

Lynette Coleman  
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.)

Lynette R. Coleman  
Typed or printed name of signer

### 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)

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SECTION 608.408(3)  
ALL ARTICLES MUST BE  
FILED

APPROVED  
AND  
FILED

MANAGING MEMBERS OF: EMINAR, LLC

Michael C. Tracy	294 Glen Eagles Drive
Managing Member	Orange Park, Florida 32073

Robin L. Tracy	294 Glen Eagles Drive
Managing Member	Orange Park, Florida 32073

APPROVED  
AND  
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RECORDED  
AND INDEXED  
- 41 -  
- 41 -

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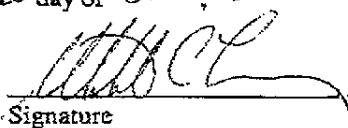
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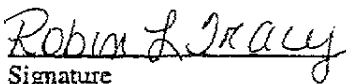
## LIMITED POWER OF ATTORNEY

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 EMINAR, 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 it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 20 day of DEC, 2002

  
SignatureMichael C. Tracy  
Print Name of Signer

WITNESS:

  
SignatureRobin L. Tracy  
Print Name of Witness

WITNESS:

  
SignatureScott Tracy  
Print Name of Witness02 DEC 31 PM 12:22  
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