

L 03 00000 5628

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

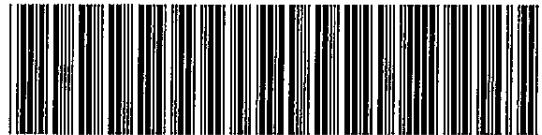
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/14/03--01007--023 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 14 PM 2:30

J H. Kuhlmann
P.O. Box 15361
Tallahassee, FL 32317-5361
850-668-1069

January 8, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
03 FEB 14 PM 2:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: Formation of College Professional Plaza, LLC

Dear Sir:

Enclosed is one (1) original and one (1) copy of the Article of Organization for the above referenced Limited Liability Company.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

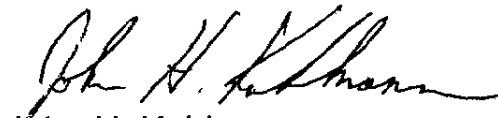
Also enclosed are the following filing fees:

\$100.00	Filing Fee for Articles of Organization
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy
<u>5.00</u>	Certificate of Status
\$160.00	Total Remittance

Please return an original filed copy of the Articles and Certificate of Status to the above address.

Your attention to this matter is appreciated.

Very truly yours,


John H. Kuhlmann

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

COLLEGE PROFESSIONAL PLAZA, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLLEGE PROFESSIONAL PLAZA, LLC.

ARTICLE II - Address:

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

Mailing:

P. O. Box 15361
Tallahassee, FL 32317-5361

Street:

2684 Wharton Circle
Tallahassee, FL 32312

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

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

c/o J. H. Kuhlmann
2684 Wharton Circle
Tallahassee, FL 32312

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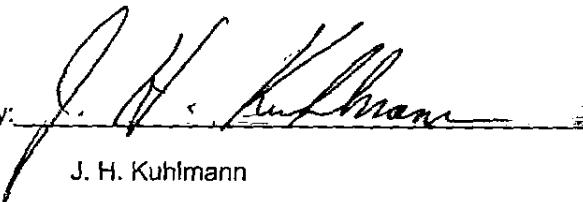
Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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.

By: _____



J. H. Kuhlmann

STATE OF
COUNTY OF

FLORIDA
Leon)

The foregoing instrument was acknowledged before me this 14th day of February, 2003, by J. H. Kuhlmann who is personally known to me or who has produced his FLORIDA DRIVER'S LICENSE as identification.

(SEAL)



Rebekka K. Wade
MY COMMISSION # DD156569 EXPIRES
October 9, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

Rebekka K. Wade *Rebekka K. Wade*
Printed Name:
NOTARY PUBLIC

My Commission Expires: October 9, 2006

Acceptance of Registered Agent

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.

Registered Agent's Signature

J. H. Kuhlmann
J. H. Kuhlmann

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