

LD3000010251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

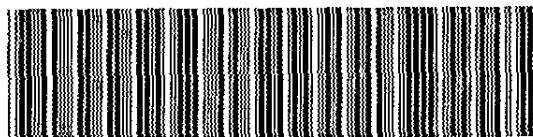
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/21/03--01047--001 \*\*160.00

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03 MAR 21 PM 2:22  
DEPARTMENT OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF REGISTRATIONS  
03 MAR 21 PM 2:29

3-21-03

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

March 21, 2003

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

RE: Formation of EXCHANGE PLACE, LLC

Dear Sir:

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

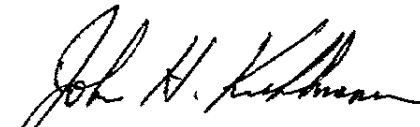
Also enclosed are the following filing fees:

\$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

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

**EXCHANGE PLACE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EXCHANGE PLACE, 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

**Article IV - Management (Check box if applicable.)**

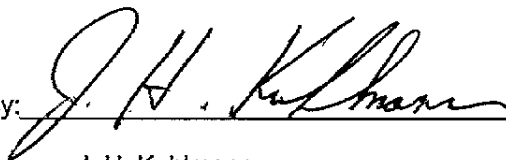
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**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.

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DIVISION OF CORPORATIONS  
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By: \_\_\_\_\_



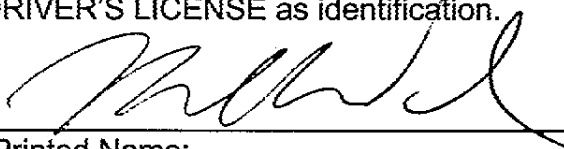
J. H. Kuhlmann

STATE OF FLORIDA )  
COUNTY OF Leon )

The foregoing instrument was acknowledged before me this 21 day of March, 2003, by J. H. Kuhlmann who is personally known to me or who has produced his FLORIDA DRIVER'S LICENSE as identification.

(SEAL)



  
Printed Name: \_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

#### 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

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