

L0300 DDID255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

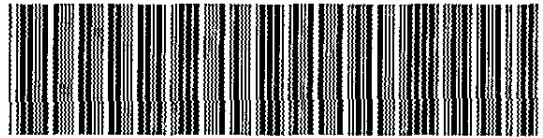
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS

UP  
3-21-03

R. W. Brown  
P.O. Box 1116  
Ormond Beach, FL 32175-1116

March 19, 2003

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

RE: Formation of MATRIX LAND, 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,



R. W. Brown

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**MATRIX LAND, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MATRIX LAND, LLC**

**ARTICLE II - Address:**

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

**Mailing:**

P. O. Box 1116

Ormond Beach, FL 32175-1116

**Street:**

1016 Spring Villas Point Drive

Casselberry, FL 32708

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

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

c/o R. W. Brown

1016 Spring Villas Point Drive

Casselberry, FL 32708

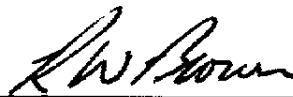
**Article IV - Management (Check box if applicable.)**

☒ 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: \_\_\_\_\_



R. W. Brown

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DIVISION OF CORPORATIONS  
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STATE OF FLORIDA )  
COUNTY OF Seeminole )

The foregoing instrument was acknowledged before me this 19 day of March, 2003, by R. W. Brown who is personally known to me or who has produced his FLORIDA DRIVER'S LICENSE as identification.

(SEAL)



Olga D Higgins  
My Commission CC953957  
Expires September 30, 2004

Olga D Higgins  
Printed Name: Olga D. Higgins  
NOTARY PUBLIC  
My Commission Expires: 9/30/04

#### 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

R. W. Brown

R. W. Brown

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