

L03000023355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

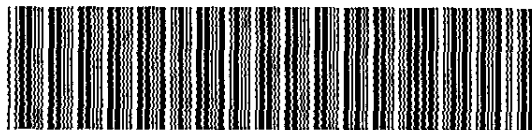
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 JUN 23 AM 11:50

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West

THE LAW OFFICE OF JAMES C. MIZE, JR., P.A.

POST OFFICE BOX 210156

WEST PALM BEACH, FL 33421

Overnight Only - 9975 Royal Cardigan Way, West Palm Beach, FL 33411

JAMES C. MIZE, JR.

WANDA S. MIZE

Telephone: 561-753-7936

Facsimile: 561-753-7944

Email: 3mize@msn.com

June 20, 2003

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: ATL of Central Florida, LLC
Articles of Organization

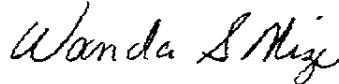
Dear Sir/Madam:

The enclosed Articles of Organization are submitted for filing. I have also enclosed a check for \$160.00 to cover the following fees:

Filing Fee of Articles	\$100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	5.00
Total	\$160.00

I have also enclosed a self-addressed envelope for your use. If you have any questions, please do not hesitate to call, 561-753-7936.

Sincerely,



Wanda S. Mize

Encl.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATL of Central Florida, LLC

ARTICLE II - Address:

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

Principal Office Address:

4802 Hurdle Court

Orlando, FL 32818

Mailing Address:

4802 Hurdle Court

Orlando, FL 32818

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

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

Wanda S. Milze

Name

9975 Royal Cardigan Way

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FL 33411

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..

Wanda S. Milze

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John M. Greer, Sr.

4802 Hurdle Court

Orlando, FL 32818

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Wanda S. Mize
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.)

WANDA S. Mize, Authorized Representative
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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