# LU3000025424

(Re	equestor's Name)			
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



000020877990

07/14/03--01002--014 \*\*155.00

03 JUL 11 PH 2: 58
DIVISION OF CERNICATION

O3 JUL 11 PH 4: 27

MK

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RJ Prope	rties, LC	OS JELLED RELED
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	<u> </u>	Fictitious Owner Search
Digitatate		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
INAITIC	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: LRJ PROPERTIES, L.L.C

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability compared 1299 GREENLAND TERRACE, DELAND, FL 32720

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

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

ROBERT H. SCOTT JR.

Name

152 W. GRANADA BLVD

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

ORMOND BEACH,

FI 32174

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.

Registered Agent's Signature

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

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.)

JENNIFER J. HOAG

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)