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- (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
VISION OF CORPORATIONS

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# HunterMaclean

ATTORNEYS AT LAW

HUNTER, MACLEAN, EXLEY & DUNN, P.C. 200 EAST SAINT JULIAN STREET POST OFFICE BOX 9848 SAVANNAH, GEORGIA 31412-0048 STEVE PROVOST
TEL: 912.236,0261
FAX: 912.236.4936
SPROVOST@HUNTERMACLEAN.COM
WWW.HUNTERMACLEAN.COM

August 7, 2003

#### VIA FEDEX

Office of the Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

1005 S Ohio Ave, LLC

Dear Sir or Madam:

In accordance with the provisions of the Florida Statutes, enclosed please find the following documents in connection with the organization of 1005 S Ohio Ave, LLC:

- 2. Original and one (1) conformed copy of Articles of Organization for the company; and
- 3. A check in the amount of \$130.00 made payable to the Department of State representing payment of the \$100.00 filing fee, \$25.00 Designation of Registered Agent and \$5.00 for a Certificate of Status.

Please proceed with the process of organizing the company at your earliest opportunity and so affirmation to me at the address set forth above.

In the event you have any questions or if I can provide you with any additional information please do not hesitate to call me at the telephone number set forth above. Thank you.

Sincerely yours,

Steve Provost

Corporate Paralegal

/slp

Enclosures

# TRANSMITTAL LETTER

Tallahassee, Florida 32399

TO: Registration Section of Common o			
Division of Corpo	rations	•	
SUBJECT: 1005 S C	HIO AVE, LLC		
	(Name of Limit	ed Liability Company)	
The audional Auticles of	Ouganization and for	s(a) and grib mitted for filing	
The enclosed Afficies of	Organization and fee	e(s) are submitted for filing.	
Please return all correspo	ndence concerning the	his matter to the following:	
THOMAS S. CULLEN	, ESQ.		
(Na	me of Person)		
HUNTER, MACLEAN,	EXLEY & DUNN,	P.C.	
(Fi	m/Company)		
200 EAST ST. JULIAI	STREET		
(Ac	ldress)	<del></del>	
SAVANNAH, GEORG	IA 31401		
(Ci	y/State and Zip Code)		
For further information co	oncerning this matter	r, please call:	
STEVE PROVOST		at ( 912 ) 236-0261	
(Name of Pe		(Area Code & Daytime Telephone Number)	
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
09 F. Gaines Street P.O. Box 6327			

Tallahassee, Florida 32314

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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: 1005 S OHIO AVE, LLC

#### ARTICLE II - Address:

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

Princ	ipal	Office	Address:	:

Mailing Address:

1005 S. OHIO AVENUE

LIVE OAK, FLORIDA 32064

200 EAST ST. JULIAN STREET

c/o HAROLD B. YELLIN, ESQ.

SAVANNAH, GEORGIA 31401

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

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

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

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

PLANTATION

33324

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.

e Dr. morris

DALE W. MORRIS
SISTANT VICE PRESIDENT

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	T. L. HENDRIX	
	200 EAST ST. JULIAN STREET	س د کنده د
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(Use attachment if necessary)	the state of the s	# 25 C
NOTE: An additional article must be	added if an effective date is requested.	* 9: 5:
REQUIRED SIGNATURE:		<b>ታ</b> የ
Signature of a member of	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.)

THOMAS S. CULLEN, ESQ. - ATTORNEY IN FACT

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)