

L030000037614

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000288876 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : BARNETT, BOLT, KIRKWOOD & LONG
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

RECEIVED
03 OCT -2 AM 10:43
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

F.P.C.B. Real Estate Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED
03 OCT -2 AM 11:47
STATE OF FLORIDA
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

Handwritten signature/initials

H03000288876 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F.P.C.B. Real Estate Holdings, LLC

ARTICLE II - Address:

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

121 Carver Street, Brandon, Florida 33511

Attn: Mrs. Rebekah A. Maul

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

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

Robert S. Bolt

Name

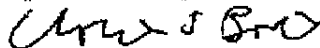
601 Bayshore Boulevard, Ste. 700

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

Tampa, FL 33606

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.)

Robert S. Bolt, 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)

03 OCT -2 AM 11:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
AND
FILED