L0300056191

(R	lequestor	s Name)		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP		WAIT	MAIL	
(Business Entity Name)				
(Business Ellusy Name)				
(Document Number)				
(L	ocumen	(Number)		
	_			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Nam e				
Availability				
Document				
Cxaniner	DCC			
Updater	DCC Offic	e Use Only		
Updater				
Verifyer	DCC			
Acknowledgement	DCC '			
W. P. Verifyer	טעט			



200025496552

12/17/03--01021--014 **120.00

12/17/03--01021--015 **5.00

03 DEC 17 AM 7:54

SECRETARY OF STATE OF STATE OF

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David C. Paulerson

(Name of Person)

David C. Paulerson

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

a unuken

+-'

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 מיני של מיני

F.M. SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Lavie . Planterson, L. C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address: Ref. Office
Commissione Drive Go Sunny Shove Dr
Ormand Beh, FC 32176 Chrond, FL 32176
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
David C. Paulerson
Gle Sumy Fore Drive
Florida street address (P.O. Box NOT acceptable) 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 in
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, Florida Statutes

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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 "MGRM" = Manager "MGRM" = Manager

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

that the facts stated herein are true)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee