

L04000012653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

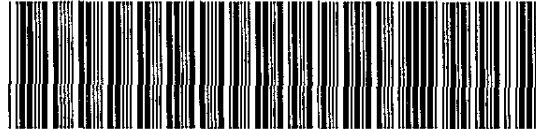
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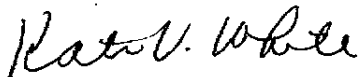
L04-12653
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Gretchen Harvey

I spoke with you on February 11, concerning Longleaf Properties, LLC. I filed electronically on August 5, 2002 and paid the fee. However, because I submitted a P.O. address the company was not registered. Per your instructions, I have enclosed the forms with the information. I am also enclosing a copy of the e-mail I received from you with the tracking and pin number.

Thank you,



Katrina White

Longleaf Properties, LLC
3238 Crawfordville Hwy.
P.O. Box 787
Crawfordville, Florida 32326
850-926-1935

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longleaf Properties, LLC
(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:

KATRINA White
(Name of Person)

Longleaf Properties, LLC
(Firm/Company)

P.O. Box 787
(Address)

Crawfordville, FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Ed Brimner at (850) 570-0014
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Longleaf Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

3238 Crawfordville Hwy
Crawfordville, Fl. 32326

Mailing Address:

P.O. Box 787
Crawfordville, Fl. 32326

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

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

KATRINA White
Name
3238 Crawfordville Hwy
Florida street address (P.O. Box **NOT** acceptable)
Crawfordville FLORIDA 32326
City, State, and Zip

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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, Florida Statutes..

Katr V. White
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

MGR

Name and Address:

Katrina V. White

P.O. Box 787

Crawfordville FL 32326

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Katrina V. White

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.)

Katrina V. White

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)

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