

L04 0000 15778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

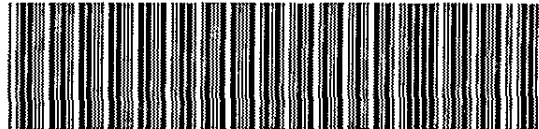
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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# SCOGGINS & GOODMAN, P.C.

ATTORNEYS AT LAW

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404-420-5711  
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FAX  
404-659-3021

February 13, 2004

VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

RE: Argyle Vest, LLC

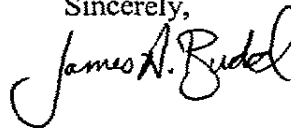
Dear Sir or Madam:

Enclosed please find the following documents for the organization of Argyle Vest, LLC:

1. The original and one (1) copy of the Articles of Organization for the above-referenced limited liability company; and
2. A check made payable to Florida Department of State in the amount of \$130.00 to cover the filing fees for the Articles of Organization, the designation of Registered Agent fee, and the fee for obtaining a Certificate of Status.

Once the documents have been filed, please return a file marked copy of the Articles of Organization along with the Certificate of Status to me in the self-addressed, stamped envelope. If you should have any questions or require further information, please do not hesitate to contact me.

Sincerely,



James A. Budd

eq  
Enclosures

cc: Argyle Vest, LLC (via U.S. Mail w/out encls)  
Robert F. Goodman, Jr., Esq.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Argyle Vest, LLC**

**ARTICLE II - Address:**

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

6111 Peachtree Dunwoody Road, Suite B-102  
Atlanta, Georgia 30328-4577

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

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

Corporations Services Company

Name

1201 Hays Street

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

Tallahassee, Florida 32301

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 provision 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.*

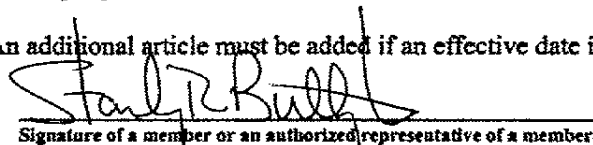
  
Registered Agent's Signature

**Jeanine Reynolds**  
**as its agent**

**ARTICLE IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(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.)

Stanley R. Bullington

Typed or printed name of signer

**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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