

L04000016391

(Requestor's Name)

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☐ PICK-UP

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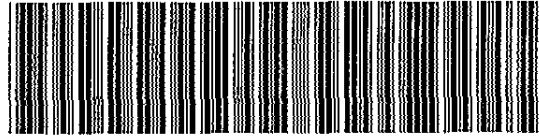
(Business Entity Name)

(Document Number)

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RECEIVED  
04 MAR -2 AM 8:02  
DIVISION OF CORPORATION

FILED  
04 MAR -2 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734

Kathi or Brent

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. OWENS GRAVE, L.L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 3/1/04

☐ Certified Copy

☐ Mail Out

☐ Will wait

☒ Photocopy <sup>STPD</sup>

☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
OWENS GROVE, L.L.C.**

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be **OWENS GROVE, L.L.C.** ("company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company is 3263 NE Highway 17, Arcadia, Florida 34266.

**ARTICLE III -- DURATION**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the regulations.

**ARTICLE IV -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the state of Florida is **Eugene E. Waldron, Jr., 124 North Brevard Avenue, Arcadia, Florida 34266.**

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

Benjamin K. Norris, President of ROBERT R. NORRIS, INC.  
Post Office Box 2073, Arcadia, Florida 34265

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Arcadia, Florida, on February \_\_, 2004.

Benjamin K. Norris  
Benjamin K. Norris, President of  
**ROBERT R. NORRIS, INC.**, Member

STATE OF FLORIDA:  
COUNTY OF DESOTO:

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of February, 2004, by Benjamin K. Norris who is personally known to me or who produced \_\_\_\_\_ as identification.



Jamie Alderman  
My Commission DD147589  
Expires September 04, 2006

Jamie Alderman  
\_\_\_\_\_, Notary Public  
State of Florida at Large  
My Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is OWENS GROVE, L.L.C.
2. The name and the Florida street address of the registered agent are:

Eugene E. Waldron, Jr.  
124 North Brevard Avenue  
Arcadia, Florida 34266

*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.*

  
Eugene E. Waldron, Jr.

**Filing Fee: \$ 35.00 for Designation of Registered Agent**