

L04000023316

Boyd, Lindsey & Sliger  
(Requestor's Name)

1407 Piedmont Drive E  
(Address)

(Address)

Tall. / Fl. / 32308 / 386-2171  
(City/State/Zip/Phone #)

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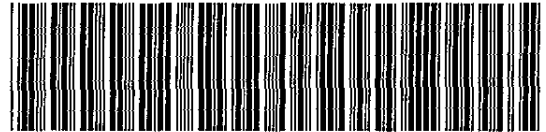
Poggie Holdings, LLC  
(Business Entity Name)

(Document Number)

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

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04 MAR 26 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 MAR 26 PM 2:17  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE

**ARTICLES OF ORGANIZATION  
OF  
POGGIE HOLDINGS, LLC**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

**FILED**  
04 MAR 26 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**Name**

The name of this Limited Liability Company shall be **POGGIE HOLDINGS, LLC.**

**ARTICLE II**

**Principal Place of Business and Mailing Address**

The principal place of business of the Limited Liability Company shall be 4003 West Pensacola Street, Tallahassee, Florida 32304.

**ARTICLE III**

**Duration**

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by its member as set forth in its Operating Agreement. The name and address of the member is:

<u>Name</u>	<u>Address</u>
Brian Poggie	4003 West Pensacola Street Tallahassee, Florida 32304
Wendell Poggie	4003 West Pensacola Street Tallahassee, Florida 32304

**ARTICLE V**

**Admission of Additional Members**

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

**ARTICLE VI**

**Transfer of Member's Interest**

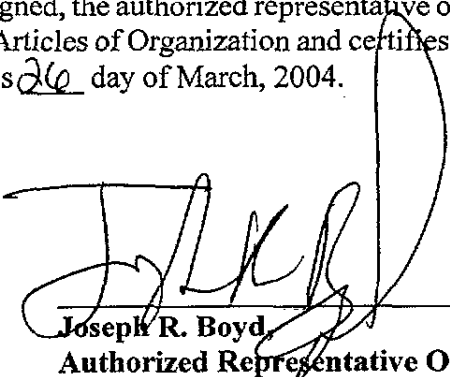
The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

**ARTICLE VII**

**Name and Address of Registered Agent**

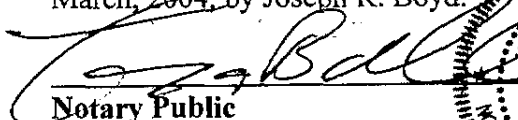
The name and address of the Registered Agent of the Limited Liability Company shall be Joseph R. Boyd, Esquire, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32308.


**IN WITNESS WHEREOF**, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 26 day of March, 2004.

  
\_\_\_\_\_  
Joseph R. Boyd,  
Authorized Representative Of A Member

State of Florida  
County of Leon

The foregoing Articles of Organization were acknowledged before me this 26 day of March, 2004, by Joseph R. Boyd.

  
\_\_\_\_\_  
Notary Public



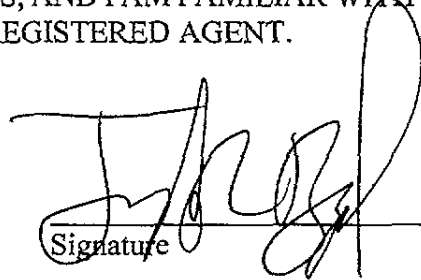
**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is POGGIE HOLDINGS, LLC.
2. The name and address of the registered agent and office is:

Joseph R. Boyd  
1407 Piedmont Drive East  
Tallahassee, Florida 32308

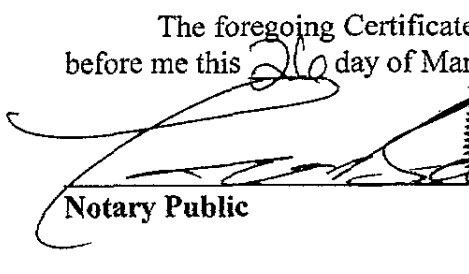
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT OF REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL 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.

  
\_\_\_\_\_  
Signature

March 26, 2004  
\_\_\_\_\_  
Date

**State of Florida  
County of Leon**

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 26 day of March, 2004 by Joseph R. Boyd.

  
\_\_\_\_\_  
Notary Public

