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| (Red                      | questor's Name)  |           |
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| (Add                      | iress)           |           |
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| (City                     | /State/Zip/Phone |           |
| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Bus                      | iness Entity Nan | ne)       |
| (Doc                      | cument Number)   |           |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | Filing Officer:  |           |
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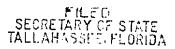


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### TRANSMITTAL LETTER

04 JUN 11 AM 11:21

| TO:         | Registration Section                    |  |
|-------------|---|--|
|             | Division of Corporations                |  |
|             |   |  |
|             |   |  |
| <b>SUBJ</b> | ECT: MATHEWS & REDDICK IN               | IVESTMENTS, LLC  |
|             | (Nam                                    | e of Limited Liability Company)                        |
|             |   |  |
| The er      | sclosed Articles of Organization and    | faa(c) are cubmitted for filing                        |
| THE C       | closed Atticles of Organization and     | ice(s) are subfilition for filmg.                      |
|             | Please return all co                    | orrespondence concerning this matter to the following: |
|             |   |  |
|             | OTHA R. REDDICK                         |  |
|             | OTHAR. REDDICK                          | (Name of Person)                                       |
|             |   | (Manie of Person)                                      |
|             |   |  |
|             |   |  |
|             |   | (Firm/Company)   |
|             |   |  |
|             | 2104 FAULK DRIVE                        |  |
|             | Z TO T T T TO Z T T T T T T T T T T T T | (Address)  |
|             |   | ()   |
|             |   |  |
|             | TALLAHASSEE, FLOR                       |  |
|             |   | (City/State and Zip Code)                              |
|             |   |  |
| For fu      | rther information concerning this ma    | tter, please call:                                     |
|             |   | , <b>-</b>   |
| OT11        | D DEDDICK                               | 050 544 0404   |
| OTHA        | R. REDDICK                              | at ( 850 ) 514-3401                                    |
|             | (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

FILED SECRETARY UP STATE TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR

04 JUN 11 AM 11: 21

## FLORIDA LIMITED LIABILITY COMPANY

| MATHEWS & REDDICK INVESTMENTS, LLC   |   |
|--|---|
| ARTICLE II - Address: The mailing address and street address of the  | principal office of the Limited Liability Company |
| Principal Office Address:  | Mailing Address:                                  |
| 267 JOHN KNOX ROAD   | P.O. BOX 180205                                   |
| SUITE # 106  | TALLAHASSEE, FL 32318                             |
|  |   |
| TALLAHASSEE, FL 32303  |   |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the OTHA R. REDDICK                        |   |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the  | e registered agent are:                           |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the OTHA R. REDDICK  Name 2104 FAULK DRIVE | e registered agent are:                           |

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...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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04 JUN 11 AM11: 21

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u>                                 | Name and Address:  |
|---|--|
| "MGR" = Manager                               |  |
| "MGRM" = Managing Membe                       | er e   |
| MGR/Y)  | OTHA R. REDDICK  |
|   | 2104 FAULK DRIVE   |
|   | TALLAHASSEE, FL 32303  |
| MGRM  | RICHARD C. MATHEWS   |
|   | 8885 CALEDONIAN COURT  |
|   | TALLAHASSEE, FL 32312  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| (Use attachment if necessary)                 |  |
|   |  |
|   |  |
| NOTE: An additional articl                    | e must be added if an effective date is requested.                           |
| REQUIRED SIGNATURE:                           |  |
|   | Lat bolling  |
| W/Ma  | A SHIPT CO   |
| Signature of a mem                            | ber or an authorized representative of a member.                             |
|   | section 608.408(3), Florida Statutes, the execution                          |
| of this document con<br>that the facts stated | nstitutes an affirmation under the penalties of perjury<br>herein are true.) |
| OTHA R. REDDIC                                |  |
|   | 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)