

L04000044866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

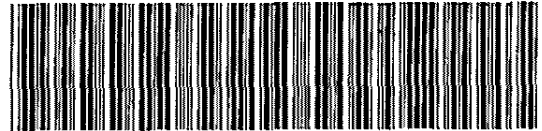
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FILED
2004 JUN 14 PM 4:05
CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN 15 2004

TERRY T. NEAL, P.A.
ATTORNEY AT LAW

June 11, 2004

FILED
2004 JUN 14 PM 4:05
JUDICIAL CORPORACTIONS
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

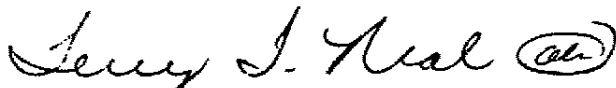
Re: TAILGATE PROPERTIES, LLC

Dear Sirs:

Please find enclosed herewith the original and one copy of Articles of Organization for TAILGATE PROPERTIES, LLC and my trust account check number in the amount of \$155.00 made payable to the Florida Department of State as follows: Filing Fee - \$100.00; Designation of Registered Agent Fee - \$25.00; and Certified copy fee of \$30.00.

Thank you for your attention and cooperation herein.

Sincerely,



TERRY T. NEAL

TTN/als
Enclosures
[Anne/Corp/2004/Tailgate LLC-L-DivCorp]

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAILGATE PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

14095 S.W. 32nd Terrace Road

Ocala, FL 34473

Mailing Address:

Post Office Box 366

Oxford, FL 34484

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

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

MABRY A. WILLIAMS

Name

14095 S.W. 32nd Terrace Road

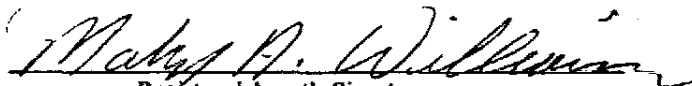
Florida street address (P.O. Box **NOT** acceptable)

Ocala

FLORIDA 34473

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 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

FILED
2004 JUN 14 PM 4:30
JULY 14, 2004
TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

Mabry A. Williams

14095 S.W. 32nd Terrace Road

Ocala, FL 34473

MGRM

Carolyn E. Williams

14095 S.W. 32nd Terrace Road

Ocala, FL 34473

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

MABRY A. WILLIAMS

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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2004 JUN 14 PM 4:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA