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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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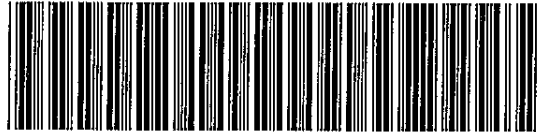
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JK

ARTHUR C. GAY	
Requester's Name	
1423 North Bronough Street	
Address	
Tallahassee, Fl 32303	850/386-8625
City/State/Zip	Phone #

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04 JUN 29 AM 9:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. PRINCETON (THIRTY TWO) EXCHANGE ACCOMODATORS, LLC  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____   | <input checked="" type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out           | <input checked="" type="checkbox"/> Will wait | <input type="checkbox"/> Photocopy                 |
|   |   | <input type="checkbox"/> 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**

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Princeton (Thirty-two) Exchange Accommodators, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur C. Gray  
(Name of Person)

Arthur Gray Intermediary Services  
(Firm/Company)

1423 N. Bronough St.  
(Address)

Tallahassee, FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brooke Collins at (850) 386-8625  
(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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Princeton (thirtytwo) Exchange Accommodators, LLC

ARTICLE II - Address:

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

Principal Office Address:

1423 N. Bronough St.  
Tallahassee, FL  
32303

Mailing Address:

Same

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

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

Arthur C. Gay  
Name  
1423 N. Bronough St  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32303  
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, F.S..*

/s/ ARTHUR C. GAY

Registered Agent's Signature

(CONTINUED)

**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

Arthur C. Gay  
1423 N. Bronough St.  
Tallahassee, FL 32303

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

/s/ ARTHUR C. GAY

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.)

Arthur C. Gay  
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)