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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(De	ocument Number)	j
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
7/27	FL	10
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TRANSMITTAL LETTER

	istration Section sistements of Corporations		
SUBJECT:	Henderson Park, LLC		
		Limited Liability C	ompany)
The enclosed	Articles of Organization and fee(s) are submitted for	filing.
	Please return all corres	spondence concerni	ng this matter to the following:
	Garna D. Miller		
		(Name of Perso	on)
	Coleman, Talley, Newbern, Kurri	e, Preston & Hollan	id, LLP
		(Firm/Compan	у)
Post C	Office Box 5437		
		(Address)	
	Valdosta, Georgia 31603		
		(City/State and Zip	Code)
For further in	formation concerning this matter,	please call:	
Garna D. Mi		at (_ 229	242-7562
-	(Name of Person) (Area Code & Daytime Telephone Number)		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

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

Henderson Park, LI	<u>.c</u>			
ARTICLE II -				
The mailing add	ress and street address of t	ne principal office of the Limited Liability Com	pany is:	
Principal Office	e Address:	Mailing Address:		
348 Enterprise Driv	e	348 Enterprise Drive		
Valdosta, Georgia	31601	Valdosta, Georgia 31601		
				
		ered Office, & Registered Agent's Signature:		
	Registered Agent, Regis			
	e Florida street address of	the registered agent are:	F 50	
	e Florida street address of		O4 JUL	
	e Florida street address of	rporation System	04 JUL 27	T
	e Florida street address of C T Co	the registered agent are: reporation System ame th Pine Island Road	04 JUL 27	7
	e Florida street address of C T Co	rporation System	04 JUL 27	7
	e Florida street address of C T Co	the registered agent are: reporation System ame th Pine Island Road	04 JUL 27 PH 4: 11	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

Having compa agree to 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..

> C T Corporation System Registered Agent's Signature JOAN BOLDEN

ASSISTANT SECRETARY

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR . Ryan Holmes	R. Ryan Holmes 348 Enterprise Drive
	Valdosta, Georgia 31601
MGR . Wayne Jones	C. Wayne Jones 184 Twelve Oaks Lane
	Freeport, Florida 32439
(Use attachment if necessary)	
NOTE: An additional article mus	it be added if an effective date is requested.
REQUIRED SIGNATURE:	
	<u> </u>
Signature of a meiniter or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury are true.)
D Pyan	Holmes
K. Kyan	

- 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)