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JOHN C. BOVAY ATTORNEY AT LAW 901 N.W. 57th STREET GAINESVILLE, FLORIDA 32605 TELEPHONE 352-331-9092

LL.M. IN TAXATION ALSO ADMITTED IN DISTRICT OF COLUMBIA

FACSIMILE 352-331-7376 EMAIL bovay@bellsouth.net johncbovay.com

October 26, 2004

Florida Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

> Articles of Organization of Alachua Office Partners, L.L.C. Re:

### Gentlemen:

Enclosed are an original and one copy of the Articles of Organization of Alachua Office Partners, L.L.C., together with a check for \$155.00 to cover the \$100.00 filing fee, the \$25.00 fee for designation of registered agent and the \$30.00 fee for a certified copy.

The effective date of the Company's existence is October 25, 2004. Please send the certified copy to me and I will deliver it to my client. Thank you for your assistance.

Very truly yours,

John C. Bovay

JCB:rdb **Enclosures** Cc: John Marti

# Articles of Organization of Alachua Office Partners, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

## ARTICLE I — Name

The name of the Limited Liability Company is Alachua Office Partners, L.L.C.

### ARTICLE II — Address

The mailing address and the physical address of the principal office of the Limited Liability Company is 5800 N.W. 39<sup>th</sup> Avenue, Suite 104, Gainesville, Florida 32606.

# ARTICLE III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are John C. Bovay, 901 N.W. 57<sup>th</sup> Street, Gainesville, Florida 32605.

In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Typed or printed name of authorized representative

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# STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signature of Registered Agent

Typed or printed name of Registered

Agent