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2004 HOV -9 PM 4: IT SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registratio Division of	n Section f Corporations			
SUBJECT:	LINDSAY AND SUTHE	RLAND, L.L.C. ed Liability Company)		
	(Name of Limit	ed Liability Company)		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this matt	er to the following:		
		mone F. Taffe		
		(Name of Person)		
	A VAPCINI I	ID SUTHERLAND, L.L.C.		
		(Firm/Company)		
		A==: ()		
800 SE Elwood Avenue				
		(Address)	L CR	
			AHA:	
	Port S	Saint Lucie, Florida 34983	38SY ANNA ANNA	
	(City	/State and Zip Code)		
			TO TEST	
For further informat	tion concerning this matter, please	e call:	温 君 -	
			2 *	
	ne F. Taffe	_at (772) 342-4239		
(1)	Jame of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a chec	ck for the following amount:			
□ \$125.00 Filing F	Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
R D	TREET ADDRESS: egistration Section division of Corporations	MAILING A Registration S Division of C	Section orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LINDSAY AND S	UTHERLAND, L.L.C.	<u> </u>	
ARTICLE II - Add	dress:			
The mailing address	s and street address	of the principal office of the Limited Liability	Company is:	
Principal Office Address:		Mailing Address:		
800 SE Elwood Avenue Port Saint Lucie, Florida 34983		800 SE Elwood Avenue		
		Port Saint Lucie, Florida 34983		
The name and the F	lorida street address	s of the registered agent are:	2304 SEC	
The name and the F			2004 III SECRE	
The name and the F		of the registered agent are: none F. Taffe Name	2004 IOV - 9 SECRETAR	
The name and the F	Sim	none F. Taffe Name	2004 IDV -9 FI SECRETARY OF TALLAHASSEE,	
The name and the F	Sim 800 S	one F. Taffe	TALLAHASSEE, FLOI	
The name and the F	Sim 800 S	Name SE Elwood Avenue street address (P.O. Box NOT acceptable)	mi	
The name and the F	Sim 800 S Florida Port Sair	Name SE Elwood Avenue street address (P.O. Box <u>NOT</u> acceptable)	PN 4: 1 OF STATE	

(CONTINUED)

Registered Agent's Signature

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

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

Title:	Name and Address:			
"MGR" = Mana; "MGRM" = Mar				
MGR	Simone F. Taffe			
	800 SE Elwood Avenue			
	Port Saint Lucie, Florida			
MGRM	Diana Shadeed			
	2800 Destiny Lane	-		
	Easton, Pennsylvania 1	6040		
			_	
(Use attachment	if necessary)	•	₽"	(52)
NOTE: An add	litional article must be added if an effective d	ate is requested.	ECRET/	
REQUIRED SI	GNATURE:		SSE YRY	(0
			E.O.	4.5
	Junone Jaff		STA	1.
	Signature of a member or an authorized representat	ive of a member.	E SE	
	(In accordance with section 608.408(3), Florida Statute of this document constitutes an affirmation under the per that the facts stated herein are true.)	s, the execution enalties of perjury		
	Simone F. Taffe			
	Typed or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)