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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Nor	th Florida Re	alty, LLC Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	DIN THE STATE OF T
Please return all correspo	ndence concerning this matter	to the following:	E E E
	Brian Baber	iame of Person)	MINDER 16 PM 4: 46
North	Florida Real	ty LLC irm/Company)	ORIONS TO
7	oo ohio Av	enue (Address)	
L	YNN Haven, F	State and Zip Code)	
For further information of	oncerning this matter, please of	call:	
Lewis B	Older of Person)	at (850) 265. (Area Code & Daytime Te	6047 elephone Number)
Enclosed is a check for	the following amount:		
□ \$125.00 Filing 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)
	ET ADDRESS: ation Section	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Q. G
The name of the Limited Liability Company is:	E E
North Florida Realty, LLC	cipal office of the Limited Liability Company is:
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
700 Ohio Avenue	Inn phio Avenue
LYNN Haven FL 32444	100 Ohio Avenue LYNN Haven FL 32444
The name and the Florida street address of the reg	gistered agent are:
Brian Babe	Y
Name	
700 ohio Av	lenut
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
Lyniv Haven City, State, and	FL 32444
City, State, and	1 Zip
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	cept service of process for the above stated limited s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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:	THE PERSON OF TH
MGR III	Lewis E. Baber 700 Ohio Avenue Lynn Haven, FL 3244	THE 16 PH 4: 46
<u>mgr</u>	Brian C. Baber 700 Ohio Avenue Lynn Haven, FL 3040	9 5
(Use attachment if necessary)		
•	be added if an effective date is requeste	d.

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.)

Lewis E. Baber
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)