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2005 JUN -6 P 9:58

(Requestor's Name)

STATEWAY...  
TALLAHASSEE, FLORIDA



200043780612

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

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**SUBJECT:** Parcel 6, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Darryl J. Tompkins

(Name of Person)

Darryl J. Tompkins, P.A.

(Firm/Company)

Post Office Box 519

(Address)

Alachua, FL 32616

(City/State and Zip Code)

For further information concerning this matter, please call:

Darryl J. Tompkins

(Name of Person)

at ( 386 ) 418-1000

(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

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

**FILED**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Parcel 6, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3603 NW 98th Street, Suite C

Gainesville, Florida 32606

**Mailing Address:**

3603 NW 98th Street, Suite C

Gainesville, Florida 32606

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

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

Steven Miles Kinsell

Name

408 W. University Avenue, Suite 1101

Florida street address (P.O. Box **NOT** acceptable)

Gainesville 32601

FLORIDA

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

Thomas H. Tonnelier  
14110 NW 21st Lane  
Gainesville, FL 32606

MGR

James McCauley  
9330 SW 46th Place  
Gainesville, FL 32608

MGR

Steven Miles Kinsell  
408 W. University Ave., Suite 1101  
Gainesville, FL 32601

(Use attachment if necessary)

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

**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.)

STEVEN Miles Kinsell

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)