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(	(Requestor's	Name)	
· · · · · · · · · · · · · · · · · · ·	(Address)		
1	(Address)		
<del>2000</del>	(City/State/Z	ip/Phone #	<i>‡</i> )
PICK-UF		VAIT	MAIL
	(Business E	ntity Name	)
	(Document I	Number)	
Certified Copies	Ce	ertificates c	of Status
Special Instructions	to Filing Of	ficer:	

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Requester's Name  2858 Remeinster Dree  Address  Tall. F1. 32-  City/State/Zip Phone	en Cu.	
CORPORATION NAME(S) & DOC	'IIMENT NIIMRER(S)	Office Use Only
1. N. F. O. L. L. C. (Corporation Name)  2. Platek - Hains (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
3(Corporation Name)	(Document #)	<u></u> -
4. (Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
	☐ Photocopy	Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of Change of Reg Dissolution/W Merger	,
OTHER FILINGS	REGISTRATION	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	-
		Examiner's Initials

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Platek-Haines Florida, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	s:
Principal Office Address:  Mailing Address:	
7858 Reminaton Green Circle 2858 Reminaton Green Circle Tallahassee, FL 32308 Tallahassee, FL 32308	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
James R. Guerino Name	
2858 Remination Creen Circle Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32308 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 a 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, F.S	ıll
Jamos R. Therimo	
Registered Agent's Signature  ALCO AHAS	***
(CONTINUED)	T
Provide Day	·

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
ncem	Lone Platek 402858 Reminaton Green Circl Tallahassee, FL 32308
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article mu	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	nos R. Junens  nber or an authorized representative of a member.
(In accordance with of this document co	section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury ed herein are true.)

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