

L05000028871

2005 MAR 22 P 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100048407311

03/22/05 -01038--004 *\$620.00

Special Instructions to Filing Officer:

AL

Office Use Only

**ARTICLES OF ORGANIZATION OF
KAPTAIN 3 LIMITED LIABILITY COMPANY**

FILED

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

2005 MAR 22 P 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is:

"Kaptain 3, L.L.C."

ARTICLE II — Address:

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

P.O. Box 1510, Lake City, Florida 32056-1510
692 N.W. Indian Springs Drive, Lake City, Florida 32055

ARTICLE III — Registered Agent:

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

Peter Kaptain
692 N.W. Indian Springs Drive, Lake City, Florida 32055

ARTICLE IV — Management:

The Company is to be managed by the members.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE VI Effective Date of Company's Existence:

The effective date of the company's existence is the date of filing.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 16 day of March, 2005.

FILED

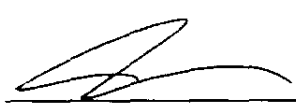

John C. Bovay,

Authorized Representative

2005 MAR 22 P 2:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

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


John C. Bovay,

Authorized Representative