

L05000028952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

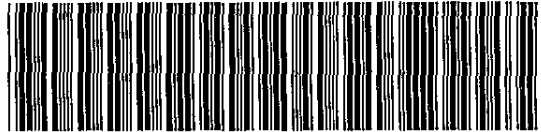
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
05 MAR 23 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- CAMELLIA TRACE, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
CAMELLIA TRACE, LLC**

**FILED**  
05 MAR 23 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be **CAMELLIA TRACE, LLC** ("company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company are as follows:

*Mailing Address*

*Street Address*

121NE 6<sup>th</sup> Blvd.  
Williston, FL 32696

Same

**ARTICLE III -- DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual or until the company is dissolved earlier as provided in these articles of organization or in the Regulations.

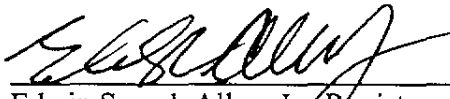
**ARTICLE IV -- REGISTERED AGENT, REGISTERED OFFICE AND  
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida are as follows:

Edwin Smoak Allen, Jr.  
121 NE 6<sup>th</sup> Blvd.  
Williston, FL 32696

*Having been named as the 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 of registered agent as provided in F.S. Chapter 608.

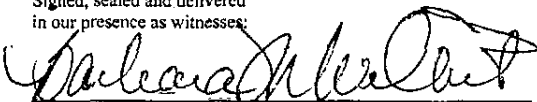
  
Edwin Smoak Allen, Jr., Registered Agent

#### ARTICLE V -- MANAGEMENT

The company shall be managed by the members in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization at Gainesville, Florida, on this \_\_\_ day of March, 2005.

Signed, sealed and delivered  
in our presence as witnesses:


  
Printed name BARBARA M. WILHITE

  
EDWIN SMOAK ALLEN, JR.

  
Printed name TABITHA W. FITCH

STATE OF FLORIDA  
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 22nd day of March, 2005, by Edwin Smoak Allen, Jr., who ☒ is personally known to me or ☐ has produced \_\_\_\_\_ as identification.

  
Notary Public

