

L05000033529
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2005 APR -4 P 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 14, 2005

O.K. MAKELA
LEXINGTON PARTNERSHIP, L.L.C.
3110 S. PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082

SUBJECT: LEXINGTON PARTNERSHIP, L.L.C.
Ref. Number: W05000013232

We have received your document for LEXINGTON PARTNERSHIP, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 605A00017437

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEXINGTON PARTNERSHIP, L.L.C.
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

O. K. MAKELA
(Name of Person)

LEXINGTON PARTNERSHIP, L.L.C.
(Firm/Company)

3110 S. PONTE VEDRA BLVD.
(Address)

PONTE VEDRA BEACH, FLORIDA 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

O. K. MAKELA at (904) 269 - 6000
(Name of Person) (Area Code & Daytime Telephone 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)

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEXINGTON ASSOCIATES, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

OTCM
ASSOCIATES
LEXINGTON PARTNERSHIP, L.L.C.
3110 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

Mailing Address:

OTCM
ASSOCIATES
LEXINGTON PARTNERSHIP, L.L.C.
3110 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

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

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

O. K. MAKELA

Name

3110 S. PONTE VEDRA BLVD.

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

PONTE VEDRA BEACH, FL 32082

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, F.S.

OK Makela

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

O. K. MAKELA
3110 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

O.K. Makela

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.)

O. K. MAKELA

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)