## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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## LIMITED LIABILITY COMPANY

## Martine Properties, LLC

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	The state of the s
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITE	D LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	98
Martine Properties, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
	• •
Principal Office Address: Mailing Address	<u>:</u>
222 Dunbar Court 222 Dunbar Court	
Oldsmar, Florida 34677 Oldsmar, Florida 34	677
ARTICLE III - Registered Agent, Registered Office, & Register	ed Agent's Signature:
The name and the Florida street address of the registered agent are:	-
-	
Bruce H. Gordon, Esq. Name	
101 E. Kennedy Blvd., Suite 2800	
Florida street address (P.O. Box NOT ac	ceptable)
Tampa, Florida 33602 FL	
City, State, and Zip	
Having been named as registered agent and to accept service of proclimbility company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree to a statutes relating to the proper and complete performance of my duticaccept the obligations of my position as registered agent as provided.	by accept the appointment as comply with the provisions of all ies, and I am familiur with and
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HITTOOL	· ·
Registered Agen Signature	

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

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ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:	The state of the s
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	S. S
MGRM	Mark Wifson 222 Dunbar Court Oldsmar, Florida 34677	· .
MGRM	Christine DeFerrari Wilson 222 Dunbar Court	
	Oldsmar, Florida 34677	

(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.)

Bruce H. Gordon

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)

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