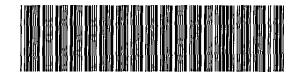
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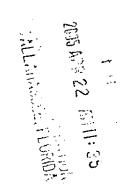
| (Re                     | equestor's Name)     |           |  |
|-------------------------|----------------------|-----------|--|
| (Ad                     | ldress)              |           |  |
| (Address)               |                      |           |  |
| (6)                     | nd Chata (Tia (Dhana | . 40      |  |
| (Cit                    | ty/State/Zip/Phone   | ₹#)       |  |
| PICK-UP                 | ☐ WAIT               | MAIL      |  |
| (Bu                     | siness Entity Nan    | ne)       |  |
|                         |                      |           |  |
| (Do                     | cument Number)       |           |  |
| Certified Copies        | _ Certificates       | of Status |  |
| Special Instructions to | Filing Officer:      |           |  |
|                         |                      |           |  |
|                         |                      |           |  |
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Office Use Only



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NO5-18410 J. BRYMAN APR 1 2 2005

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## TRANSMITTAL LETTER

| TO: Registration Se<br>Division of Co |  |  |  |
|---------------------------------------|--|--|--|
| SUBJECT: Francis C                    | Chancellor, LLC  |  |  |
| •                                     |  | Liability Company)   |  |
| The enclosed Articles of              | f Organization and fee(s) are su   | bmitted for filing.  |  |
| Please return all corresp             | ondence concerning this matter   | to the following:  | <b>د</b>   |
| Francis (                             | Chancellor   |  |  |
| 11411013                              | <del></del>  | lame of Person)  | 2  |
|                                       |  |  | 10 m   |
| Francis Chancellor,                   | LLC  |  |  |
|                                       | (F   | Firm/Company)  | 9. 0   |
|                                       |  |  |  |
| 926 S McG                             | ee Avenue  |  | - <del></del>  |
|                                       |  | (Address)  |  |
| Apor                                  | oka, FL 32703  |  |  |
| - 41                                  |  | State and Zip Code)  |  |
| For further information               | concerning this matter, please   | call;  |  |
| Judith H Stevens                      |  | at ( 407 ) 678-6147  |  |
| (Name                                 | e of Person)   | (Area Code & Daytime To  | elephone Number)   |
| Enclosed is a check f                 | or the following amount:   |  |  |
| <b>Ø</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Regis<br>Divis<br>409 I               | EET ADDRESS:<br>stration Section<br>ion of Corporations<br>E. Gaines Street<br>hassee, Florida 32399 | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7  |



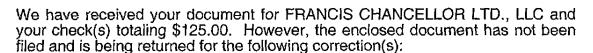
### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 12, 2005

FRANCIS CHANCELLOR FRANCIS CHANCELLOR LTD., LLC 926 S. MCGEE AVENUE APOPKA, FL 32703

SUBJECT: FRANCIS CHANCELLOR LTD., LLC

Ref. Number: W05000018410



The name of the entity cannot include "LTD.." 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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 405A00024850

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                                 |  |
|---|--|
| The name of the Limited Liability Company is:     |  |
| Francis Chancellor, LLC                           |  |
|   |  |
| ARTICLE II - Address:                             |  |
|   | ncipal office of the Limited Liability Company is: |
|   |  |
| Principal Office Address:                         | Mailing Address:                                   |
| 5960 W Jones Avenue                               | 926 S. McGee Avenue                                |
| Zellwood, FL 32798                                | Apopka, FL 32703                                   |
|   |  |
| ARTICLE III - Registered Agent, Registered        | Office, & Registered Agent's Signature:            |
| The name and the Florida street address of the re | egistered agent are:                               |
| Judith H Stevens, CPA                             |  |
| Name  |  |
| 3130 Heartwood Ave                                |  |
| Florida street add                                | ress (P.O. Box <u>NOT</u> acceptable)              |
| Winter Park, FL 32792                             | FL   |
|   | nd 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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

| GR .                        | Francis Chancellor |
|-----------------------------|--------------------|
|                             | 926 S McGee Avenue |
|                             | Apopka, FL 32703   |
|                             |                    |
|                             | Mark 22            |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
| <del></del>                 |                    |
|                             | PÜ                 |
| se attachment if necessary) |                    |
| se attachment it necessary) |                    |

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.)

Francis Chancellor

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)