

L05000040515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

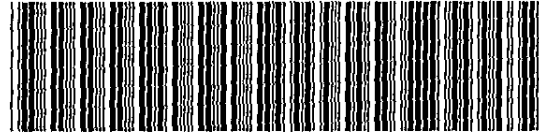
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 329999 7152087

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 22, 2005

ORDER TIME : 11:53 AM

ORDER NO. : 329999-005

CUSTOMER NO: 7152087

CUSTOMER: Sean R. Parker, Esq.
Boswell & Dunlap, LLP

245 South Central Avenue

Bartow, FL 33830

DOMESTIC FILING

NAME: THE DUBLIN PARTNERSHIP, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Dublin Land Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

1160 Swearingen Avenue
Bartow, FL 33830

Mailing Address:

P.O. Box 1359
Bartow, FL 33831

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

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

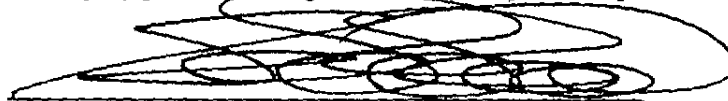
Sean R. Parker, Esq.
Name

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

Bartow FL 33830
City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kelly Murphy Parker
1160 Swearingen Ave
Bartow, FL 33830

MGRM

Sean Riley Parker
1160 Swearingen Ave.
Bartow, FL 33830

MGRM

Jane K. Murphy
2051 E.F. Griffin Road
Bartow, FL 33830

MGRM

Timothy I. Murphy
2051 E.F. Griffin Road
Bartow, FL 33830

(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.)

SEAN R. PARKER

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)