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OS APR 28 PH 4:13

No4 280

OS APR 28 PN 4: 83

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJI	Reef Road Properties, LLC
	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Erik H. Kirk
	Ot CD
	Post Office Box 403 (Address)
	DR 2
	(Firm/Company)
	Post Office Box 403 (Address)
	Post Office Box 403
	(Address)
	Tallahassee, Florida 32302-0403
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Erik H	I. Kirk at (850) 523-1500
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount:
Ø \$12	5.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$130.00 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Reef Road Properties, LLC	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
113 East College Avenue	Post Office Box 403
Suite 130	Tallahassee, Florida 32302-0403
Tallahassee, Florida 32301	
The name and the Florida street address Erik H. Kirk	05 PAL
113 East College Aver	Name APP APP APP APP APP APP APP APP APP AP
	street address (P.O. Box NOT acceptable)
Tallahassee, Florida 3	2301 _{FL} □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
City	y, State, and Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature

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:	
MGR	Erik H. Kirk	
	Post Office Box 403	
	Tallahassee, Florida 32302-0403	
		· .
		, -
		•
		•
(Use attachment if necessary)		
NOTE: An additional article mus	t be added if an effective date is requested	8
REQUIRED SIGNATURE:		T-1-
	A V	
Signature of a memb	per or an authorized representative of a member.	
(In accordance with s of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	PH 4: 23
Erik H. Kirk		

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)