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DIPARINGNI OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

# TRANSMITTAL LETTER

. IRANSMITTAG BETTER
TO: Registration Section Division of Corporations
SUBJECT: Southern Land Ingrovements, Links (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:  C. Russi — Breck Brannen  (Name of Person)
Pennington, Moore, Williason, Bell; Dubar, Prt
215 5 - Monroe Street
Talkhassee FLorida 32301 (City/State and Zip Code)
For further information concerning this matter, please call:  Cheric Russi Abert Hanning at (850) 223-3533  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee

#### 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

#### ARTICLES OF ORGANIZATION

OF

#### SOUTHERN LAND IMPROVEMENTS, LLC

The undersigned, pursuant to the provisions of Chapter, 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### 1. NAME.

The name of the Limited Liability Company is Southern

Land Improvements, LLC (hereinafter referred to as the

"Company").

#### 2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

## 3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, improve, market, sell, lease, mortgage, develop and do everything incidental or necessary relating to real property and personal property, and to engage in any

other lawful business. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of the laws of the State of Florida.

#### 4. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is 299 Big Rye Road, Monticello, Florida 32344. The mailing address of the Company is 1455 W. Washington Street, Monticello, Florida 32344. Such addresses may be changed from time to time as provided in the Operating Agreement.

#### 5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Dr. Mike Purvis, and the initial registered office is located at 1455 W. Washington Street, Monticello, Florida 32344.

## 6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

# 7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date

of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

#### 8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company..

# 9. MANAGEMENT.

The Company shall be managed by its members under such terms and conditions as set forth in the Operating Agreement.

#### 10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

#### 11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

day of May, 2005.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED

#### OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the company is: Southern Land Improvements, LLC
- 2. The name and address of the registered agent and office is:

Dr.	Mike	Purvis	
		(NAME)	

1455 W. Washington Street
(P.O. BOX NOT ACCEPTABLE)

Monticello, Florida 32344 (CITY/STATE/ZIP)

	By:	(	The	+ m	. Pm		
Land		Dr.	Mike	•	Member ements,		Southern
Bana	DATE_		5-	4-05	emerics,	——— Эпін	

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.

SIGNATURE_	Out M. Ris D.V	i,m
DATE	5-4-05	·

Mebet M No. 184:
Dr. Mike Purvis, Member
Southern Land

of Improvements, LLC

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me this 3 day of \_\_\_\_\_\_\_, 2005, by Dr. Mike Purvis, Member of Southern Land Improvements, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced as identification.

FLORIDE Notary Public - State of Fiorica (SEAL)

Notary Public - State of Fiorica MyCommission SpherAug 25, 2008

Commission # DD 349665

Bonded By National Notary Assn.

NOTARY PUBLIC STATE OF

Print Type or Stamp Name

Notary

Print, Type or Stamp Name of Public