105000052461

(Requestor's Name)
ITA IMPLEMENTATION SERVICES, LLC 1250 Barclay Boulevard
Buffalo Grove, IL 60089 USA
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. BETWAN MAY 2 6 2005

FILING WITH SECRETARY OF STATE FOR:

Paulin Land Development, LCC



Please Return All Correspondence Concerning This Matter To:

CRAIG J. KOOP

ITA IMPLEMENTATION SERVICES, LLC

1250 BARCLAY BLVD.

BUFFALO GROVE, IL 60089

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Paulin Land Development, LLC	
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3050 Michigan Ave	3050 Michigan Ave
Kissimmee, FL 34744-1544	Kissimmee, FL 34744-1544
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature
The name and the Florida street address of the r	egistered agent are:
Paul Oxley	AN DEST
Name	2000 五
3050 Michigan Ave	Tess (P.O. Box NOT accentable)
	lress (P.O. Box NOT acceptable) FL and Zip
Kissimmee, FL 34744-1544	FPP 2
City, State, a	nd Zip 927 0
Having book wared as wesistaned as not well to	
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as
registered agent and agree to act in this capacity	y. I further agree to comply with the provisions of all
statutes relating to the proper and complete pe	rformance of my duties, and I am familiar with and
accept the obligations of my position as regis	stered agent as provided for in Chapter 608, F.S
late	الاقلام
Registered Agent	Signature

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager	· ·
"MGRM" = Managing Member	
	<u>a</u>
MRGM	Lindsey Oxley
	3050 Michigan Ave
	Kissimmee, FL 34744
MRGM	Paul Oxley
	3050 Michigan Ave
	Kissimmee, FL 34744
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	SSC O T
(Use attachment if necessary)	第2 C
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NOTE: An additional article mus	at be added if an effective date is requested.
THE OF IT DED CLOSE A PETID TO	DA A
REQUIRED SIGNATURE:	
(.	
Signature of a memb	per or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
Paul Oxley	
•	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)