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(Requestor's Name)
(Requestor's Name)
ITA Implementation Services
(/ (041000)
(Address)
Bustale Grove IL, 60089 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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FILING WITH SECRETARY OF STATE FOR:

LinPaul Properties, UC



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:
inPaul Properties, LLC	
	
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Definitional Office Address.	N.C. Phys. A. J. Tronger
Principal Office Address:	Mailing Address:
3050 Michigan Ave	3050 Michigan Ave
Kissimmee, FL 34744-1544	Kissimmee, FL 34744-1544
	2
ADDICE DAIL DOLLAR DE LA COMPANION DE LA COMPA	A S
AKTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature
The name and the Florida street address of the	the registered agent are: SEE FOR A STATE OF THE STATE OF THE SEE FOR A STATE OF THE SEC F
	SEG
Paul Oxley	arme TR =
IN 8	SE S
3050 Michigan Ave	
Florida street	t address (P.O. Box NOT acceptable)
Kissimmee, FL 34744-154	4 _{FL}
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Registered Ag	ent'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:

T:41	Name and Address.	
Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
IVIORIVI — IVIAIIAging IVICINOCI	a	
MRGM	Lindsey Oxley	
	3050 Michigan Ave	
	Kissimmee, FL 34744	
MRGM	Paul Oxley	
	3050 Michigan Ave	
	Kissimmee, FL 34744	
	DIES MAY 23	
	SEE FLORE	
(Use attachment if necessary)	DATE:	
NOTE: An additional article must be added if an effective date is requested.		
(In accordance with section	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	

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)

Paul Oxley

Typed or printed name of signee