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W. HODGES

050000068335

# MOODY & SALZMAN, P.A.

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BOARD CERTIFIED IN CIVIL TRIAL LAW  
CERTIFIED FAMILY MEDIATOR

**ANTHONY J. SALZMAN**

BOARD CERTIFIED IN WORKERS' COMPENSATION  
CERTIFIED CIRCUIT MEDIATOR

**ROBERT A. LASH**

Also: CERTIFIED GENERAL CONTRACTOR

PERSONAL INJURY AND WRONGFUL DEATH  
WORKERS' COMPENSATION  
FAMILY LAW  
CONSTRUCTION LAW  
GENERAL PRACTICE

July 1, 2005

Registration Section  
Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Goodland of Florida, LLC

Dear Sir or Madam:

Enclosed are Articles of Organization to be filed for the referenced limited liability company.

Also enclosed is our check in the amount of \$155.00, which consists of:

\$100.00	Filing the Articles of Organization
\$ 30.00	Certified copy of Articles of Organization
\$ 25.00	Designation of Resident Agent
<hr/>	
\$155.00	

Please call if you have any questions.

Sincerely,

MOODY & SALZMAN, P.A.



Robert A. Lash, Esq.

RAL/rlm

Enclosures

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY FOR  
GOODLAND OF FLORIDA, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **Goodland of Florida, LLC**

**ARTICLE II - ADDRESS**

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

9921 SW 22<sup>nd</sup> Lane  
Gainesville, FL 32607

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, and  
REGISTERED AGENT'S SIGNATURE**

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

Tri Ly  
9921 SW 22<sup>nd</sup> Lane  
Gainesville, FL 32607

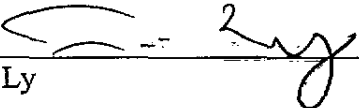
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

05 JUL -5 PM 2:55

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
Tri Ly

**ARTICLE V - EFFECTIVE DATE**

This Limited Liability Company shall be effective as of July 1, 2005

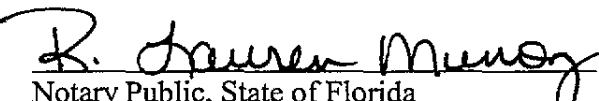
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

STATE OF FLORIDA :

COUNTY OF ALACHUA :

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County aforesaid, personally appeared TRILY known to me and known by me to be the person who executed the foregoing Articles of Organization, and who presented me with the following identification, namely Florida Driver's License Number 1D00-800-50-366-0, and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of July, 2005.

  
\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires:

(SEAL)



R. Lauren Munoz  
MY COMMISSION # DD178937 EXPIRES  
February 26, 2007  
BONDED THRU TROY FAIN INSURANCE, INC.