

L05000071494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

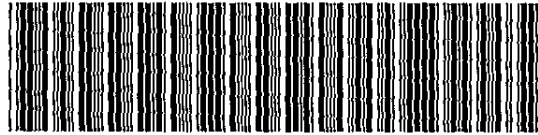
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

BK

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07/20/05--01033--017 **125.00

FILED
05 JUL 20 AM 8:41
TALLAHASSEE, FLORIDA
RECEIVED
05 JUL 20 PM 3:04
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

Williams, Gautier, Gwynn & DeLoach, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 - 850-386-3300

City/State/Zip

Phone #

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05 JUL 20 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LaPradd - Nunn
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION OF
LaPRADD-NUNN, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"LaPradd-Nunn, LLC"

ARTICLE II — Address:

The mailing address of the Company is:

P.O. Box 90163
Gainesville, FL 32607-0163

The street address of the principal office of the Company is:

1471 Timberlane Road
Suite 120-9
Tallahassee, Florida 32312

ARTICLE III — Registered Agent:

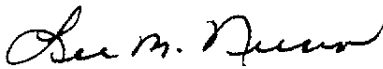
The name and the Florida street address of the initial registered agent are:

Lee M. Nunn
1471 Timberlane Road
Suite 120-9
Tallahassee, Florida 32312

ARTICLE IV — Management:

The Company is to be managed by the manager and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative and acknowledged them to be my act this ____ day of July, 2005.



LEE M. NUNN

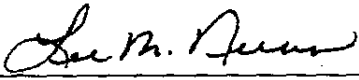
(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
JUL 20 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

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



LEE M. NUNN

Filing Fee: **\$100.00 for Articles of Organization**
 \$ 25.00 for Designation of Registered Agent