

L05000073248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

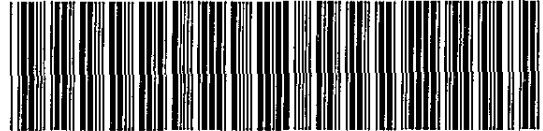
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 JUL 26 AM 10:54

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 504810 81034A

AUTHORIZATION :

COST LIMIT : \$ 78.75

Patricia Pigute

ORDER DATE : July 26, 2005

ORDER TIME : 9:24 AM

ORDER NO. : 504810-005

CUSTOMER NO: 81034A

CUSTOMER: Michael W. Mead, Esq
Michael Wm. Mead, Esq

P. O. Drawer 1329

Fort Walton Bea, FL 32549-1329

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: C & M OF FREEPORT, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

C & M OF FREEPORT, LLC

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SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I ~ Name

The name of the limited liability company shall be **C & M OF FREEPORT, LLC.**

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 24 Walter Martin Road, Fort Walton Beach, (Okaloosa County) Florida 32548, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

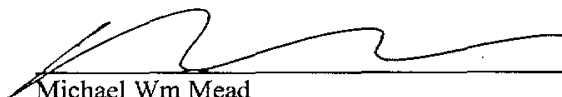
The mailing address for the Limited Liability Company shall be the same

ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature

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

Michael Wm Mead
24 Walter Martin Road
Fort Walton Beach, Florida 32548

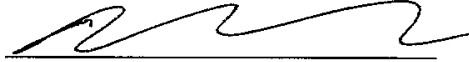
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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



Michael Wm Mead
Registered Agent's Signature

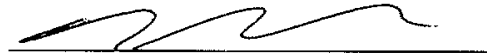
ARTICLE IV ~ Management

- ☒ This Limited Liability Company is a member-managed company.
- ☐ This Limited Liability Company is a manager-managed company.



Michael Wm Mead
Signature of member

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



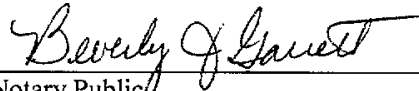
Michael Wm Mead

July 22, 2005

Date signed

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 22nd day of July, 2005, by Michael Wm Mead, who is personally known to me.



Notary Public

My Commission Expires:

