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M. HODGES

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SECRETARY OF SECRETARY ALLAHASSEE, FLORIS

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# TRANSMITTAL LETTER

	stration Section Ion of Corporations		.2				
SUBJECT:	FANNIN REAL ESTATE	, IIC					
	(Name of Limited Liability Company)						
The enclosed	Articles of Organization and fee(s)	are submitted for filing.					
Please return a	all correspondence concerning this	natter to the following:					
	PAUL A. POSEY, CPA						
•		(Name of Person)					
	PAUL A. POSEY & CO	., P.A.					
		(Firm/Company)					
	2080 DELTA WAY						
<del></del>		(Address)	-				
	TALLAHASSEE, FL 32	303					
		(City/State and Zip Code)					
For further in	ormation concerning this matter, pl	ease call:					
PAUL	A. POSEY, CPA	at (_850) _386-444	43				
(Name of Person)		(Area Code & Daytime T	elephone Number)				
Enclosed is a	check for the following amount	:					
🗇 \$125.00 Fi	ling Fee	e & XI \$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	STREET ADDRESS.	MAILING	DDDFCC.				

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLI The name			Liability	Company	is:
FANNIN	REAL	ESTATE	, LLC		

### **ARTICLE II - Address:**

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

Principal Office Address: 4384 CHAIRES CROSS ROAD	Mailing Address: 4384 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32311	TALLAHASSEE, FL 32311
ARTICLE III - Registered Agent, Register	ered Office, & Registered Agent's Signatures
The name and the Florida street address of the	5
MARY F. FANNIN	29 SSE
Na Na	ame

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE, City, State, and Zip

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..

Registered Agent's 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		
MGRM	STEPHEN K. FANNIN	ž.
	4384 CHATRES CROSS ROAD	
	TALLAHASSEE, FL 32311	
MGRM	MARY F. FANNIN	
	4384 CHAIRES CROSS ROAD	
	TALLAHASSEE, FL 32311	• · · · · · · · · · · · · · · · · · · ·
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(Use attachment if necessary)		

(Obe attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

## REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 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.)

MARY F. FANNIN

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)