

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SAVAGE, KRIM, SIMONS & JONES, LLC
Account Number : 073617000267
Phone : (352) 732-8944
Fax Number : (352) 867-0504

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Babiarz Thomas Properties, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
of
BABIAZ THOMAS PROPERTIES, LLC
a Florida Limited Liability Company

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Babiarz Thomas Properties, LLC ("Company").

ARTICLE II - ADDRESS

The address of the principal office of the company shall be 502 S. Main Street, Wildwood, Florida 32785.

ARTICLE III - REGISTERED OFFICE AND AGENT

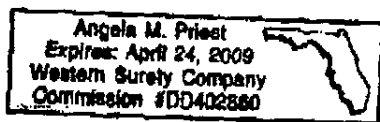
The name and street address of the registered agent and registered office of the Company in the state of Florida is John S. Simons, 121 NW 3rd Street, Ocala, Florida 34475.

Signed this 28th day of September, 2005.


John S. Simons, Organizer

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 28th day of September, 2005, by John S. Simons, as Organizer, who ☒ is personally known to me or ☐ has produced as identification.




Notary Public, State of Florida

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ACCEPTANCE OF REGISTERED AGENT

for

**BABIARZ THOMAS PROPERTIES, LLC,
a Florida Limited Liability Company**

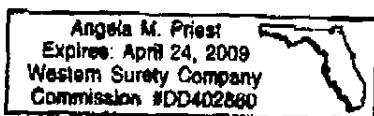
Undersigned hereby states that he is familiar with the obligations of Registered Agent for the Company as provided by Chapter 608, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

Signed this 28th day of September, 2005.


John S. Simons, Registered Agent

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 28th day of September, 2005, by John S. Simons, as Registered Agent, who ☒ is personally known to me or ☐ has produced _____ as identification.




Notary Public, State of Florida

CLIENT FILES\BABIARZ, JOHN\LLC\ARTICLES\ORGANIZATION.DOC

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