# \_05000105203

4r Mur Jav
Arthur Gay (Requestor's Name) 1423 N. Branough St. (Address)
(Address)  Tollahasse Fl. 32303  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Arthur Gay Intermediary Services (Business Entity Name)
(Sacrices Link) Hamley
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000060657910

10/27/05~-01002~-007 \*\*620.00



A PROVINCE QCT 2.7 120051

# 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Princeton (Forty Five) Exchange Accomodators, LLC

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

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

Principal Office Address:  1423 N. Bronough St.  Tallanaesee, FL 32303	Mailing Address:
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered Arthur C. Gray Name  1423 N. Bronough Florida street address (P.O. Bok NOT Tallahassee FL  City, State, and Zip	h St. 858727
Having been named as registered agent and to accept seliability company at the place designated in this certifical registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agents.	ate, I hereby accept the appointment as her agree to comply with the provisions of all eof my duties, and I am familiar with and

- 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: "MGR" = Manager  "MGRM" = Managing Member	Name and Address:
MGM	Arthur C. Gay 1423 N. Bronough St. Tallahassee, Fl. 32303
	05 OCT 2
(Use attachment if necessary)	e added if an effective date is requested.
REQUIRED SIGNATURE:	e added if an effective date is requested.

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.)

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)