

L05000111273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

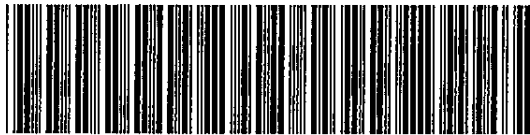
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



000061353470

11/17/05 -01005--007 **155.00

FILED
05 NOV 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 NOV 17 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

11/17/05

28

FILED
05 NOV 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1.

Aprile, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION

APRILE, LLC

FILED
05 NOV 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name of the limited liability company: The name of the Limited Liability Company shall be

APRILE, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address

1383 Oakfield Drive
Brandon, Florida 33511

Mailing Address

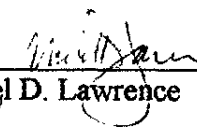
1383 Oakfield Drive
Brandon, Florida 33511

ARTICLE III - Resident Agent, Registered Office, & Registered Agent's Signature:
The name and street address of the registered agent are:

Michael D. Lawrence
1383 Oakfield Drive
Brandon, Florida 33511

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.

Date: 11/7/05



Michael D. Lawrence

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

Michael D. Lawrence
1383 Oakfield Drive
Brandon, Florida 33511

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.)

Michael D. Lawrence

Typed or printed name of signee