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| (Requestor's Name)                      |   |
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| (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: | 7 |
| MAIL                                    |   |
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| Office Use Only                         |   |



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## PENSON & PADGETT

A PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW WWW.PENSONANDPADGETT.COM

ALBERT C. PENSON TIMOTHY D. PADGETT\* JENNIFER L. SWEETING ERIC S. HAUG RYAN R. DAVIS

\*CERTIFIED MEDIATOR

2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FLORIDA 32308 (850) 561-8000 TELEPHONE (850) 561-8030 FACSIMILE

November 28, 2005

## HAND DELIVERY

Department of State **Division of Corporations** 2661 Executive Center Circle West Tallahassee, Florida 32301

Re:

Duval Street Partners, LLC

Dear Division of Corporations:

Enclosed is an original and one (1) copy of the Articles of Organization for the abovereferenced corporation. Also enclosed is a check in the amount of \$155.00 representing the \$125.00 filing fee and \$30.00 for the certified copy. Please return the filed documents to our office in the enclosed self-addressed, stamped envelope.

Your cooperation in this matter is greatly appreciated..

Sincerely,

Albert C. Penson for

Penson & Padgett, P.A.

ACP/lsd Enclosures ARTICLES OF ORGANIZATION

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**DUVAL STREET PARTNERS, LLC** 

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. Name. The name of the limited liability company is:

## **DUVAL STREET PARTNERS, LLC**

- 2. <u>Purpose.</u> The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
- 3. <u>Address of Principal Office.</u> The street address of the principal office of the limited liability company is:

220 Duval Street Tallahassee, Florida 32301

4. Mailing Address. The mailing address of the limited liability company is:

P.O. Box 3753 Tallahassee, Florida 32315

- 5. <u>Members at Time of Formation.</u> There will be at least two members at the time the limited liability company is formed.
- 6. **Period of Duration.** The period of duration shall be perpetual.
- 7. <u>Management.</u> Management of the Limited Liability Company at the time of formation is reserved for the initial member(s).
- 9. <u>Registered Agent, Registered Office, and Registered Agents Signature.</u> The name and the Florida Street address of the registered agent are:

Albert C. Penson 2810 Remington Green Circle Tallahassee, Florida 32308 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 provisional 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.

Albert C. Penson

8. **Effective Date.** The effective date of the limited liability company shall be:

November 21, 2005

Stacy Wallace Sweat

Member

Daniel R. Winchester

Member

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