## L05000117634

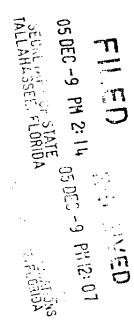
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 6)(





900061820279

12/09/05--01032--002 \*\*155.0U



ATTORNEYS' TITL	E	
Requestor's Name		
1065 Copital Circle NE	tuito A	
1965 Capital Circle NE, S	oulle A	
Address		
Tallahassee, FI 32308	850 <b>-2</b> 22-2785	
City/St/Zip	Phone #	Special Sections
		Pro Co
	i	The local states
CORPORATION NAME(S	i) & DOCUMENT NUMBER(S), (if known):	
		700 1
1- ACCURACY ASSURED	APPRAISALS, LLC.	
		E.
2		
3-		
4		_ <del>_</del>
X Walk-in	Pick-up time ASAP XXX Certified Copy	
	7.000 dp 1000 00p)	
Mail-out	Will wait Photocopy Certificate of Stat	us
	AMENDMENTS	
Profit Non-Profit	Amendment Resignation of R.A., Officer/Director	
XXX Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
<b></b>	Trademark	
	Other	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

Accuracy Assured Appraisals, L.L.C.

ARTICLE II - Address:

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

12993 Brians Creek Drive Jacksonville, Florida 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

T. Geoffrey Heekin, Esquire

Name
One Independent Drive, Suite 2200

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

Jacksonville, FL 32202

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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Bryan McCosker 12993 Brians Creek Drive Jacksonville, Florida 32224

Sun Bul anthorsed

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 affrmation under the penalties of perjury that the facts stated herein are true.)

T. Geoffrey Heekin
Typed or printed name of Signee

## FILING FEES:

\$125.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)