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| (Re                                     | questor's Name)    |           |  |  |  |
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| (Cit                                    | ty/State/Zip/Phone | ÷#)       |  |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |  |
| , (Bu                                   | siness Entity Nam  | ne)       |  |  |  |
| (Document Number)                       |                    |           |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |
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# **COVER LETTER**

|            | Registration Se<br>Division of Co |   |   |  |
|------------|-----------------------------------|---|---|--|
| SUBJEC     | CT: Wort                          | chington Propert:<br>(Name of Limite  | ies, LLC<br>d Liability Company)  |  |
| The encl   | osed Articles of                  | f Organization and fee(s) are s   | ubmitted for filing.  |  |
| Please re  | turn all corresp                  | ondence concerning this matte   | er to the following:  |  |
| _          | Mark Joh                          | nn Christensen  |   | <u>,                                      </u>   |
|            |                                   | (   | Name of Person)   |  |
| <u>_ P</u> | Attorney                          | at Law  |   |  |
|            |                                   | •   | (Firm/Company)  |  |
|            | 4 East 0                          | Court Square,   |   | 2005   |
| _          | -                                 |   | (Address)   | A  |
| P          | andalusia                         | a, AL 36420   |   | 2  |
|            |                                   | (City   | /State and Zip Code)  | P  |
| For furth  | er information                    | concerning this matter, please  | call:   | 2005 JAN 12 PM 4: 38   |
| Mark       | John Chr                          | ristensen   | at ( 334 ) 222-71   | 18   |
| •          | (Name                             | of Person)  | (Area Code & Daytime To   | elephone Number)   |
| Enclose    | d is a check fo                   | or the following amount:  |   |  |
| \$125.0    | 00 Filing Fee                     | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|            |                                   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The name of the Limited Liability Company is:

Worthington Properties, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

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

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

| Pr | in | ci | pal | 0 | ffi | ce | A | dd | lress: |  |
|----|----|----|-----|---|-----|----|---|----|--------|--|
|    |    |    |     |   |     |    |   |    |        |  |

### Mailing Address:

| 6950 Phillips Highway  | 6950 Phillips Highway  |
|------------------------|------------------------|
| Suite 20               | Suite 20               |
| Jacksonville, FL 32216 | Jacksonville, FL 32216 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| Jay Kyle Boatwright                              |
|--|
| Name   |
| 6950 Phillips Highway, Suite 20                  |
| Florida street address (P.O. Box NOT acceptable) |
| Jacksonville, FL 32216                           |
| 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |          |                    |
|--|--|----------|--------------------|
| MGRM   | Jay Kyle Boatwright  |          |                    |
|  | 6950 Phillips Highway, Suite Jacksonville, FL 32216  | 20       |                    |
| MGRM   | Abner Riley Powell, IV   | 2005     | SECRE              |
|  | 201 East Troy Street   | <u>ئ</u> | 01S                |
|  | Andalusia, AL 36420  | JAR      | N OF               |
|  |  | <i>⊳</i> | 200<br>200<br>1000 |
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 5, 2006. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

### **REQUIRED SIGNATURE:**

of a member or an authorized representative of a member.

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.)

Jay Kyle Boatwright

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)