## L06000010743

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

Office Use Only



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ALLAHASSEE, FLORIDA

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## UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

January 31, 2006

## CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Byrd & Stitzel Property Group I, L.L.C.

	Filing Evidence  Plain/Confirmation Copy	Type of Docume  Certificate of Star	
	□ Certified Copy		od Standing
		☐ Articles Only	
	Retrieval Request  Photocopy  Certified Copy	☐ All Charter Docu Articles & Amen ☐ Fictitious Name (☐)	dments
	NEW FILINGS	AMENDMENTS	ILE INSS
	Profit	Amendment	殿里 口
	Non Profit	Resignation of RA Officer/Director	T: 17
X	Limited Liability	Change of Registered Agent	
	Domestication	Dissolution/Withdrawal	
	Other	Merger	
	OTHER FILINGS	REGISTRATION/QUALIFICATION	
	Annual Reports	Foreign	
	Fictitious Name	Limited Liability	
	Name Reservation	Reinstatement	-
	Reinstatement	Trademark	

Other

ARTICLES OF ORGANIZATION FOR FLA	
ARTICLE I - Name: The name of the Limited Liability Company is:	LAMBSSEE, FLOR
Byrd & Stitzel Property Group I, L.L.C.	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
206 North Collins Street Plant City, FL 33563	206 North Collins Street Plant City, FL 33563
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re-	ered Agent. You must designate an individual or another
Johnnie B. Byrd, Jr.	
Name	
206 North Collins Street	
Florida street addi	ress (P.O. Box NOT acceptable)
Plant City	FL 33563
City, State, an	nd Zip
Having been named as registered agent and to a liability company at the place designated in the	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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	Johnnie B. Byrd, Jr.  206 North Collins Street  Plant City, FL 33563
MGRM	D. Howard Stitzel III  206 North Collins Street  Plant City, FL 33563
(Use attachment if necessary)	
f an effective date is listed, the date must be or 90 days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior  Type  oer or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Johnnie B. Byrd,	·
Filing Fees:	***
\$125 80 Filing Ree for Articles of Org	ranization and Decignation

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)