

LU60000016128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

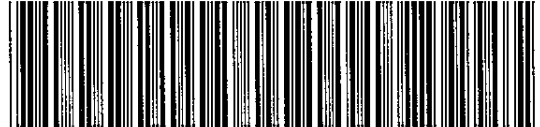
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED

2006 FEB 14 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 FEB 14 AM 11:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILE
2006 FEB 14 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- LLS OF GAINESVILLE, LLC
- 2-
- 3-
- 4-

☒ Walk-in ☐ Pick-up time ASAP ☐ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LLS OF GAINESVILLE, LLC**

FILED
2006 FEB 14 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be **LLS OF GAINESVILLE, LLC** ("company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company are as follows:

Mailing Address

6110 NW 1st Place, Suite A
Gainesville, FL 32607

Street Address

6110 NW 1st Place, Suite A
Gainesville, FL 32607

ARTICLE III -- DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual or until the company is dissolved earlier as provided in these articles of organization or in the Regulations.

**ARTICLE IV -- REGISTERED AGENT, REGISTERED OFFICE AND
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida are as follows:

Ronald A. Carpenter
5608 NW 43rd Street
Gainesville, FL 32653

Having been named as the 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 of registered agent as provided in F.S. Chapter 608.



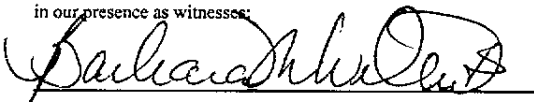
Ronald A. Carpenter, Registered Agent

ARTICLE V -- MANAGEMENT

The company shall be managed by the members in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization at Gainesville, Florida, on this ____ day of February, 2006.


Signed, sealed and delivered
in our presence as witnesses:



Printed name **BARBARA M. WILHITE**



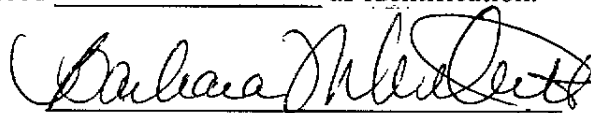
Lisa Shey




Printed name **LISA W. ARCHER**

STATE OF FLORIDA
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 9th day of February, 2006, by Lisa Shey, who ☒ is personally known to me or ☐ has produced _____ as identification.



Notary Public

NOTARY PUBLIC STATE OF FLORIDA
 Barbara M. Wilhite
Commission #DD403856
Expires: APR. 03, 2009
Bonded Thru Atlantic Bonding Co., Inc.