L06000021101

(F	Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
. (4	Address)	
\/ \/	Address)	
(0	City/State/Zip/Phone	∍ #)
. PICK-UP	TIAW [MAIL
(E	Business Entity Nan	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	
	37	





600065911886

02/28/06--01001--014 **125.00

TILEU 2006 FEB 27 PH 4: 16 SECRETARY OF STATE

06 FEB 27 FT 3-05

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

High hand Park Firniture II	CLC
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File
	Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search Driving Record
Requested by: Name Date Time	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

Courier

850 222 1222

10/30 '03 16:14 No.367 03/05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	ted Liability Company is:	Highland tark to	kniture II, L.L.C.
ARTICLE II - Addr The mailing address a		incipal office of the Limited Lie	ability Company is:
Principal Office Add	lress:	Mailing Address:	
3607 Cord Valvico, FL	Grass Drive	same	
		Office, & Registered Agent's	Signam FEB TO SIGNAME SIGNAME TO SIGNAME TO SIGNAME TO SIGNAME TO SIGNAME TO SIGNAME TO SIGNAME SIGNAME TO SIGNAME SIG
The name and the Flo	rida street address of the re		27 ASSE
_	Name 3607 Cord G Florida street address (P.0	ass Drive Box NOT acceptable)	PH 4: 16 OF STATE

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..

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Ronald M. Walter 3607 Cord Grass Dr.
	7607 Cord Grass Dr. Valriup, Fi 23594
March	Patricia C. Walter
	Valrice, Fu 33574
MGRM	Guy Davis Walter
	Plant City, FL 335107
<u> </u>	·
,	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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 affirmation under the penaltics of perjury

that the facts stated herein are true.

Typed or printed name of signec

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)