

L06000032876

FILED

2006 MAR 23 P 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

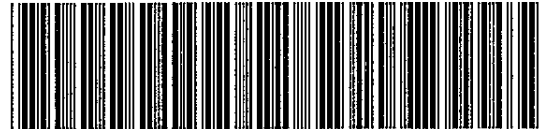
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AL1

Office Use Only



500068303715

03/23/06--01013--005 \*\*125.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** Lost Creek Capital, LLC  
(Name of Limited Liability Company)

2005 MAR 23 P 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry D. Simpson

(Name of Person)

Judkins, Simpson & High

(Firm/Company)

1102 N. Gadsden Street

(Address)

Tallahassee, Florida 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

Larry D. Simpson

(Name of Person)

at ( 850 ) 222-6040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION**

**FILED**

**OF**

**LOST CREEK CAPITAL, LLC**

2006 MAR 23 P 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I-Name and Principal Place of Business**

The name of the limited liability company shall be LOST CREEK CAPITAL, LLC (hereinafter the "Company"). The principal place of business and mailing address of the Company shall be 1102 N. GADSDEN ST., TALLAHASSEE, FLORIDA 32303.

**ARTICLE II-Duration**

The Company shall commence its existence on the date these Articles of Organization are filed with and accepted by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization and the Regulations of the Company.

**ARTICLE III-Purposes and Powers**

The general purpose for which the Company is organized is to acquire, own, and develop real estate; however it shall be able to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

**ARTICLE IV-Registered Office and Agent**

The name and street address of the registered agent of the Company in the State of Florida is LARRY D. SIMPSON, 1102 N. GADSDEN ST., TALLAHASSEE, FLORIDA 32303.

**ARTICLE V-Management**

The Company is to be managed by one or more managers and is therefore, a manager-managed company. The initial managers shall be JOHN S. MOOSHIE, LARRY D. SIMPSON AND JAMES P. JUDKINS.

**ARTICLE VI-Operating Agreement**

The power to adopt, alter, amend, or repeal the Operating Agreement of the Company is vested in the members of the Company as provided in the Operating Agreement. **FILED**

IN WITNESS WHEREOF, the undersigned member(s) or authorized representative of a member has/have made and subscribed these Articles of Organization at Tallahassee, Florida, for the foregoing uses and purposes this 20 day of March, 2006. 700 MAR 23 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
JOHN S. MOOSHIE


**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 OF THE FLORIDA LIMITED LIABILITY COMPANY ACT, THE LIMITED LIABILITY COMPANY IDENTIFIED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is LOST CREEK CAPITAL, LLC
2. The name and the Florida street address of the registered agent for **LOST CREEK CAPITAL, LLC** are: LARRY D. SIMPSON, 1102 N. GADSDEN ST., TALLAHASSEE, FLORIDA.

*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.*

DATED: March 20, 2006

  
LARRY D. SIMPSON  
Registered Agent