

MAY-23-08

11:23

FROM

T-091 P.00/008 F-098

((H06000141189 3)))

**L060000053413**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000141189 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0363

From:

Account Name : AKERMAN SENTERFITT - TAMPA  
Account Number : I20000000249  
Phone : (813) 223-7333  
Fax Number : (813) 223-2837

FILED  
06 MAY 23 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED

06 MAY 23 PM 12:54

DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
IDEAL MANAGEMENT SERVICES OF GAINESVILLE, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H06000141189 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IDEAL MANAGEMENT SERVICES OF GAINESVILLE, 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:

Principal Office Address:

616 N. Mayo Street  
P.O. Box 56  
Crystal Beach, FL 34681

Mailing Address:

616 N. Mayo Street  
P.O. Box 56  
Crystal Beach, FL 34681

**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.)

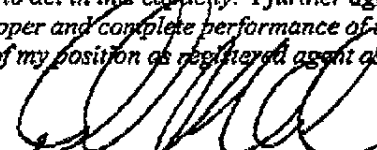
The name and the Florida street address of the registered agent are:

American Information Services, Inc.  
Name

401 E. Jackson Street, Suite 1700  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33602  
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)  
DAVID M. ABEL, ASST. SECRETARY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 23 AM 10:58

FILED

