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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (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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| Office Use Only                         |  |  |  |  |



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SECRETARY OF STATE

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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

| CONTACT:             | TRACY SP       | EAR                          |                             |
|----------------------|----------------|------------------------------|-----------------------------|
| DATE:                | 05/25/06       |                              |                             |
| REF. #:              | 000174.5249    | <u>99</u>                    | SEE SEE                     |
| CORP. NAME:          |                |                              | TALLAHASSEE, FLORIDA        |
| ( ) ARTICLES OF INCO | ORPORATION     | ( ) ARTICLES OF AMENDMENT    | ( ) ARTICLES OF DISSOLUTION |
| ( ) ANNUAL REPORT    |                | ( ) TRADEMARK/SERVICE MARK   | ( ) FICTITIOUS NAME         |
| ( ) FOREIGN QUALIFI  | CATION         | ( ) LIMITED PARTNERSHIP      | (XX) LIMITED LIABILITY      |
| ( ) REINSTATEMENT    |                | ( ) MERGER                   | ( ) WITHDRAWAL              |
| ( ) CERTIFICATE OF ( | CANCELLATION   | I                            |                             |
| ( )OTHER:            |                |                              |                             |
| STATE FEES PI        | REPAID W       | тн снеск# <u>517214</u>      | FOR \$ <u>155.00</u>        |
| AUTHORIZATI          | ON FOR A       | CCOUNT IF TO BE DEBITE       | D:                          |
| <u></u>              | COST LIMIT: \$ |                              |                             |
| PLEASE RETUI         | RN:            |                              |                             |
| ( XX ) CERTIFIED C   | OPY            | ( ) CERTIFICATE OF GOOD STAN | DING ( ) PLAIN STAMPED COPY |

**Examiner's Initials** 

( ) CERTIFICATE OF STATUS

# ARTICLES OF ORGANIZATION

FLAMINGO LADY, LLC, a Florida limited liability company

# ARTICLE I **NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

FLAMINGO LADY, LLC

# ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

Street Address: 203 55th Street

Mailing Address: 6717 La Tour Circle

Holmes Beach, FL 34217

Indianapolis, IN 46278

#### ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Kenneth D. Doerr 240 S. Pineapple Avenue 10<sup>th</sup> Floor Sarasota, FL 34236

# ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

| IN WITNESS WHEREOF, these Articles day of MAY, 2006. | of Organization have been executed as of the |
|--|--|
| WITNESSES:   |  |
| Print NameJudith K. Green                            | MADDCur<br>Kenneth D. Doerr                  |
| Print Name VERONICA DASCENZO                         | "ALITHODIZED ACENTY                          |
|  | "AUTHORIZED AGENT"                           |

# <u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

FLAMINGO LADY, LLC

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

Kenneth D. Doerr 240 S. Pineapple Avenue 10<sup>th</sup> Floor Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: May 24, 2006

Kenneth D. Doerr

"REGISTERED AGENT"