

L060000060104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

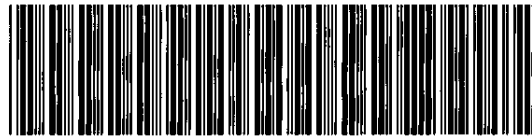
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RECEIVED
06 JUN 13 AM 10:30
STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
2006 JUN 13 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/13/06

NAME: FL DAVENPORT LLC

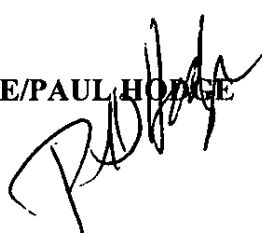
TYPE OF FILING: LLC ORGANIZATION

COST: \$125

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FL DAVENPORT, 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:

Mailing Address:

21316 GLEN PLACE, SUITE 11
CUPERTINO, CA 95014

21316 GLEN PLACE, SUITE 11
CUPERTINO, CA 95014

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:

Capitol Corporate Services, Inc.

Name

1333 Duval Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32303

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.

Delanee Case

Ass't. Secretary on behalf of Capitol Corporate Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Member/Manager

JENNY XIAO YING PAN, MGR
21316 GLEN PLACE, SUITE 11
CUPERTINO, CA 95014

Member/Manager

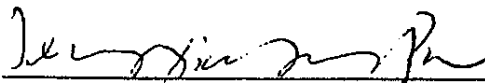
Member/Manager

Member/Manager

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 penalties of perjury that the facts stated herein are true.)

JENNY XIAO YING PAN

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)