

L060000 70423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

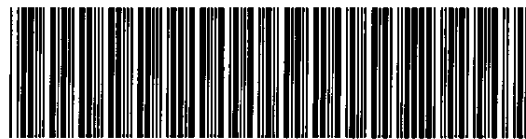
(Business Entity Name)

(Document Number)

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

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RECEIVED  
06 JUL 14 PM 4:00  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2006 JUL 14 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION SERVICE COMPANY<sup>SM</sup>**

1201 Hays Street  
Tallahassee, FL 32301  
850-521-1000  
850-521-1010(fax)

**FILED**  
2006 JUL 14 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Account Number: 072100000032

Client Account Number:

3487A

Cost Limit:

155

Authorization::

*[Signature]*

Contact:

HARRY DAVIS

**Corporation Name(s) & Document number(s)**

1)

EAGLE POINTE HOLDINGS LLC

2)

3)

4)

☐ Stamped Copy

☒ Certified Copy

**Type of Filings:**

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

**Other:**

☐ Annual Report

☐ Fictitious Name

☐ Reinstatement

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Eagle Pointe Holdings, 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:**

1265 Horse & Chaise Blvd.

Venice, FL 34285

**Mailing Address:**

same as principal office address

**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:

Richard S. Webb, IV, Esq.

Name

lcard, Merrill, et al., 2033 Main St., #600

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

Sarasota

FL 34237

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)

(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:**

MGR

Richard D. Rodgers

1265 Horse & Chaise Blvd.

Venice, FL 34285

MGR

Rex S. Rodgers

1265 Horse & Chaise Blvd.

Venice, FL 34285

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Richard S. Webb, IV, Esq.

as Authorized Representative

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)**