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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
8/1/06

*Law Offices of*  
**ROBERTS & ENGVALSON, P.A.**  
1920 Victoria Ave.  
Ft. Myers, Florida 33901  
239-332-7273 FAX 239-332-3320

**TO:** Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Lipscomb Family Real Estate  
(Name of the Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Michael T. Foster  
ROBERTS & ENGVALSON, P.A.  
1920 Victoria Avenue  
Fort Myers, FL 33901

For further information concerning this matter, please call Michael T. Foster at (239) 332-7273.

Enclosed is check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status
<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (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  
Tallahassee, FL 32301

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

**ARTICLE I - Name**

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TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:

LIPSCOMB FAMILY REAL ESTATE LIMITED LIABILITY COMPANY

(must end with the words "Limited Liability Company", "Limited Company" or the abbreviations "L.L.C.," 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**

3791 Edison Avenue,  
Fort Myers, Florida 33916

**Mailing Address**

3791 Edison Avenue,  
Fort Myers, Florida 33916

## 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:

Jack L. Lipscomb, trustee of the Jack Lee Lipscomb Living Trust  
3791 Edison Avenue, Fort Myers, Florida 33916

*Having been named as a 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 - Jack L. Lipscomb,

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

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

**Title:**

Managing Member

**Name and Address:**

Jack L. Lipscomb, trustee of the  
Jack Lee Lipscomb Living Trust  
3791 Edison Avenue,  
Fort Myers, Florida 33916

Managing Member

Karen L. Lipscomb, trustee of the

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Karen Lynn (Foster) Lipscomb Living Trust  
3791 Edison Avenue,  
Fort Myers, Florida 33916

Managing Member

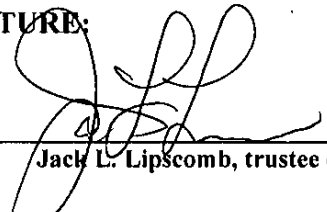
Kevin M. Lipscomb, trustee of  
Kevin Michael Lipscomb Living Trust  
1018 S.W. 23rd Street,  
Cape Coral, Florida 33990

The provisions of the attached Lipscomb Family Real Estate Limited Liability Company Articles of Organization are incorporated herein as part of the public recording hereof.

**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2006

**(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:**

  
\_\_\_\_\_  
Jack L. Lipscomb, trustee of the Jack Lee Lipscomb Living Trust

(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.)

Jack L. Lipscomb, trustee of the Jack Lee Lipscomb Living Trust  
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)**

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