# L06000104696

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Requester's Name  1423 N. BRONOUGH  Address  THIMMSEE, FL 32303 840/3  City/State/Zip Phone/#	St- 86-8625	
•		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if k	nown):
1. 1714 JALPECO ROAD (Corneration Name)	Le	
(e-e-b,	(=	
2. 1718 TALPECO ROAD, (Corporation Name)	(Document #)	
3. 1722 TACheco ROAD, (Corporation Name)	(Document #)	·
4		
(Corporation Name)  Walk in Pick up time  Mail out Will wait		Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A. Change of Registers Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)		Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

1718 TARPICO ROAD, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1423 N. BRONOUGH St TALLAHASSEE, FL 32303	
ARTICLE III - Registered Agent, Registered O	ffice, & Registered Agent's Signature:

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

AREHUR C. GAR

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

TAMAHASSEE 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..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
×"MGRM" = Managing Member	AREHUR C. GAL 1433 N. BRONOVEH ST TALLAHASSEE, FL 32303
·.	
	SEC.
	THE CI SERVICE
(Use attachment if necessary)  NOTE: An additional article must	t be added if an effective date is requested 2
REQUIRED SIGNATURE:	t be added if an effective date is requested 5

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.)

Typed or printed name of Agnee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)