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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Lipford, LLC

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Help

H 06000282541 3

**ARTICLES OF ORGANIZATION**

**OF**

**LIPFORD, LLC**

**ARTICLE I. COMPANY NAME.**

The name of the Company is **Lipford, LLC.**

**ARTICLE II. PERIOD OF DURATION.**

The Company's period of duration is perpetual.

**ARTICLE III. PURPOSE OF ORGANIZATION.**

The purpose of organizing the Company is to engage in any and all business permitted under the laws of the State of Florida.

**ARTICLE IV. ADDRESS OF PRINCIPAL OFFICE.**

The street addresses and mailing addresses of the principal office of this Company are:

**Pat Abbitt**  
8927 S.W. 42<sup>nd</sup> Place  
Gainesville, Florida 32608

**Sarah Stone**  
8601 S.W. 113<sup>th</sup> Avenue  
Gainesville, Florida 32608

**ARTICLE V. MANAGING MEMBERS.**

The names and street addresses of the Managing Members of this Company are:

**Pat Abbitt**  
8927 S.W. 42<sup>nd</sup> Place  
Gainesville, Florida 32608

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Sarah Stone  
8601 S.W. 113<sup>th</sup> Avenue  
Gainesville, Florida 32608

**ARTICLE VI. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.**

The name and address of the Registered Agent of this Company is:

Robert P. Butts, Esq.  
FISHER, BUTTS, SECHREST & WARNER, P.A.  
5203 S.W. 91<sup>st</sup> Terrace, Suite D  
Gainesville, FL 32608

The Members may, at their discretion, move the Registered Office to any other address in the State of Florida.

**ARTICLE VII. RESTRICTIONS ON TRANSFER OF MEMBERSHIP INTEREST.**

All Members' interests in the Company are subject to certain restrictions that are incorporated into the Company's Operating Agreement, a copy of which is available at the Company's principal office.

**ARTICLE VIII. INDEMNIFICATION.**

The Company agrees to indemnify any Member, or any former Member, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned member has executed the foregoing Articles of Organization this 22<sup>nd</sup> day of November, 2006.

  
PAT ABBITT, Managing Member

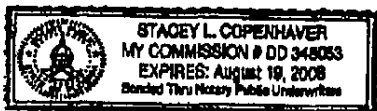
  
SARAH STONE, Managing Member

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STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of November, 2006, by **PAT ABBITT**, who is personally known to me ☒ or who has produced as identification.



Stacey L. Copenhaver  
NOTARY PUBLIC  
Typed or printed name: Stacey L. Copenhaver  
Commission number: \_\_\_\_\_  
Commission expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of November, 2006, by **SARAH STONE**, who is personally known to me ☒ or who has produced as identification.



Stacey L. Copenhaver  
NOTARY PUBLIC  
Typed or printed name: Stacey L. Copenhaver  
Commission number: \_\_\_\_\_  
Commission expires: \_\_\_\_\_

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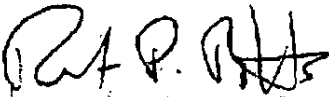
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**ACCEPTANCE OF REGISTERED AGENT**

**FOR**

**LIPFORD, LLC**

HAVING BEEN NAMED as Registered Agent to accept Service of Process for Lipford, LLC, at the place designated in this document, I hereby agree to act in such capacity; further, I AGREE TO COMPLY with the provisions of all Statutes relative to the proper and complete performance of my duties as Registered Agent.



**Robert P. Butts, Registered Agent**  
**FISHER, BUTTS, SECHREST & WARNER, P.A.**  
5203 S.W. 91<sup>st</sup> Terrace, Suite D  
Gainesville, FL 32608

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