## ~L06000116803

(Red	questor's Name)	
(Add	dress)	,
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(City	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Day		
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Certified Copies	_ Certificate	s of Status
Special Instructions to F	Filing Officer:	
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PILL DISECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Co							
SUBJI	CCT. ORR IN	NVESTMENTS, LLC	20 Aug 4	.'				
SUBJI	EC1:		ed Liability Compa	ny)	_		_	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing	ţ.				
Please	return all corresp	ondence concerning this matt	er to the following:	:				
	Bryan How	ard, Attorney	,					
			(Name of Person)					•
	Howard & I	Mobley, PLLC						
			(Firm/Company)	<del></del>				-
	200 31st A	Avenue, North, Sui	te 100			SE(	2006	
			(Address)			277 277	) DEC	
	Nashville,	TN 37203-1205			Č	TARY SSF	<del>-</del> 0	
		(City	/State and Zip Code	)	Ţ	707	U	
For fur	ther information	concerning this matter, please	call:		70	F STATE	1: 06	
Bryai	n Howard		at ( 615 )	627-444	4	_		
<u> </u>		of Person)		& Daytime T	elephone Numb	er)	_	
Enclos	sed is a check fo	or the following amount:						
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	S160.00 Certificate Certified (additional c	of Sta	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ORR INVESTME				
(Must end with the wo	ords "Limited Liability Com	npany, "Limited Company" or their abbreviation "	'LLC," or "L.C.,")	
ARTICLE II - A	Address:			
The mailing add	ress and street addres	ss of the principal office of the Limite	d Liability Comp	pany is:
Principal Office	e Address:	Mailing Address:		
8930 Bay Colony Di	rive	8930 Bay Colony Drive		
Unit 202		Unit 202		
Naples, FL 34108		Naples, FL 34108		
	an active Florida registratio ne Florida street addro EVE L. ORR	ess of the registered agent are:  Name	NEC -6 P 1: 06 ETARY OF STATE HASSEE.FLORIDA	
	8930 Bay Colony	y Drive, Unit 202	PA 09-	
	Flor	ida street address (P.O. Box NOT acceptable	<del>:</del> )	
	Naples	<sub>FL</sub> 34108		
		City, State, and Zip		
liability com registered agent	pany at the place desi t and agree to act in t ng to the proper and c	gent and to accept service of process for ignated in this certificate, I hereby accerbis capacity. I further agree to comply complete performance of my duties, and tion as registered agent as provided for	ept the appointme with the provisio d I am familiar wi	ent as ons of al ith and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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		
MGRM	Eve L. Orr	
	8930 Bay Colony Drive, Uni	t 202
	Naples, FL 34108	
MGR	Donald C. Orr	
	8930 Bay Colony Drive, U	nit 202
	Naples, FL 34108	Fo 23
		ECC T
		AR DE
	<del>.</del>	- <del>32</del> +
		FS
		95 ··
		Bri G
(Use attachment if necessary)		
CLE V: Effective date, if other than effective date is listed, the date mus days after the date of filing.)	the date of filing: t be specific and cannot be m	(OPTIONA ore than five business day
REQUIRED SIGNATURE:		
Signature of a mer	R. Dy. nber or an authorized representa	tive of a member.
(In accordance with	section 608.408(3), Florida Statute	es, the execution
of this document co that the facts state	onstitutes an affirmation under the p ed herein are true.)	enalties of perjury

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)

Typed or printed name of signee