

LO7000033607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

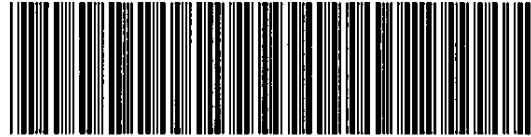
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/29/07--01014--009 \*\*125.00

RECEIVED  
FILED  
DEPARTMENT OF STATE  
VISION OF CORPORATIONS  
07 MAR 29 PM 2:30 MAR 29 AM 11:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
ACKNOWLEDGE  
SUFFICIENCY OF FILING

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

**FILED**  
07 MAR 29 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- CENTER PROPERTIES, LLC
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

☒ Walk-in      ☐ Pick-up time ASAP      ☐ Certified  
☐ Mail-out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**CENTER PROPERTIES, LLC**

**FILED**  
07 MAR 29 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

**1.     Name.**

The name of the limited liability company is CENTER PROPERTIES, LLC (hereinafter referred to as the "LLC").

**2.     Effective Date.**

The date of the commencement of the LLC existence shall be the date of the filing of these Articles with the Secretary of State.

**3.     Period of Duration.**

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the LLC shall be perpetual.

**4.     Purpose.**

The purpose for which the LLC is organized is to engage in any and all business and activities permitted by the Act and any other applicable laws of the State of Florida. The LLC shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

**5.     Units of Ownership.**

This LLC is authorized to issue 1000 units of ownership at no par value.

**6.     Address Of Place Of Business.**

The mailing address for the LLC is 3759 Percival Road in Orlando, FL 32826, and the street address of the place of business for the LLC is 3759 Percival Road in Orlando, FL 32826. These addresses may be changed from time to time as provided in the Operating Agreement.

7. **Registered Agent.**

The initial registered agent in Florida for the LLC is CARY CENTER, and the initial registered office is located at 3759 Percival Road in Orlando, FL 32826. The Members may change the registered office and/or registered agent from time to time.

8. **Capital Contributions.**

Contributions to the capital of the LLC shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.

9. **Members.**

The LLC shall have at least one member and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement.

10. **Continuity of Business.**

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the LLC, or upon any other event that, under the Act, would result in dissolution of the LLC, the business of the LLC may be continued and the LLC will not be dissolved without the prior written consent of all the remaining members of the LLC.

11. **Management.**

The overall management and control of the business and affairs of the LLC shall be vested in its members, as provided in these Articles of Organization and section 608.407 of the Act. Any and all action by the LLC shall require the vote of members holding a majority interest in the LLC.

12. **Indemnification.**

Except as expressly provided in the Operating Agreement, the LLC shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

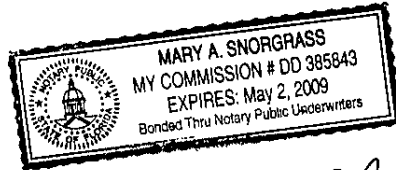
DATED this 28 day of March, 2007.

CENTER PROPERTIES, LLC  
a Florida limited liability company

By: [Signature]  
CARY CENTER, Member

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me by CARY CENTER, as a Member of CENTER PROPERTIES, LLC, who is personally known to me or has produced a driver's license as identification.



(Seal)

*Mary A. Snorgrass*  
Notary Public — State of Florida

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE  
AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

The following is submitted in compliance with Florida Statutes:

That CENTER PROPERTIES, LLC, desiring to form an LLC under the laws of the State of Florida, with its principal office located at 3759 Percival Road in Orlando, FL 32826, County of Orange, State of Florida, has named CARY CENTER, whose address is 3759 Percival Road in Orlando, FL 32826, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated LLC at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of the Florida Statutes relative to keeping said office open.

*[Signature]*  
CARY CENTER