

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000087900 3)))



H070000879003ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (850)205-0383

From:

Account Name : C'T CORPORATION SYSTEM

Account Number : FCA000000023

: (850) 222-1092

Fax Number

: (850)878-5926

RECEIVED

7 APR -4 PM 3:
BECRETARY MASTA

DRIDA/FOREIGN LIMITED LIABILITY CO

Island Horizons GP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

File Foret

40200087901

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

(CO 41, CARC

CT CORP

4/4/2007

8202224272

6E:pl Z00Z/p0/p0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Con	mpany is:			
Island Horizonz GP, LLC				
(Must out with the words "Limited Liability Comp	may, "Limited Company" or their abbreviation "LLC,	," or "LC.,")		
ARTICLE II - Address:		#		
The mailing address and street address	of the principal office of the Limited Li	ability Company is		
Principal Office Address:	Mailing Address:	1 APR CRET		
348 Enterprise Drive	sains	AS:		
Valdosta, GA 31601				
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's			
business optity with an active Plorids registration.	egistered Office, & Registered Agent's 1986 Registered Agent. You must designese an ladiv!)			
The name and the Florida street addres	s of the registered agent are:	, ,		
	t d	· · · · ·		

1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation, Plorida 33324

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.,

DALE W MORRIS

ASSISTANT VICE PRESIDENT

(CONTINUED) Page 1 of 2

FLASS - WOMEN C T Bys team Continue

₽AGE 02/03

MQR	Eddy Benoit, Jr.	
	7000 Central Parkway NE, Suite 1100	
	Adauta, GA 30328	
MGR	Kenneth G. Blankenship	
	7000 Central Parkway NE, Suits 1100	
	Atlanta, GA 30328	<u> </u>
•		
···		A A
•	ن	<u>≅</u>
		~ -
		1
		<u>.~</u> .≥
		<u> </u>
(Use attachment if necessary)		\sim
	Þ	
LEV: Effective date, if other than	the date of filing: (O	PTIONAL
fective date is listed, the date mus	t be specific and cannot be more than five bus	iness days
days after the date of filing.)		
1.50		•

Filing Foor:

5125.00 Piting Fee for Articles of Organization and Designation of Registered Agent
5 50.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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

Page 2 of 2

(In secondance with section 608.408(3), Findia Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are area.)

FLOSS - WORRS C TO your Online