

LO70000 38903

(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



900092234489

04/12/07--01002--011 **125.00

FILED

07 APR 11 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 APR 11 PM 3:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4/12/07
Clust

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3067 Park Lane, LLC

Signature _____

Requested by: WL

Name _____

Date 4/10

Time 3:45

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 11 PM 4:39

FILED

ARTICLES OF ORGANIZATION FOR

3067 PARK LANE, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

FILED
07 APR 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the company is **3067 PARK LANE, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **444 Winding Willow Drive, Palm Harbor, FL 34683**

ARTICLE III: MANAGEMENT

The company will be a manager managed Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Robert L. Shear, Esq., 2650 McCormick Dr., Suite 130, Clearwater, FL 33759**

ARTICLE V: MANAGERS

The name and address of the initial Managers of the company are:

Robert A. Smith, Manager/Member, 444 Winding Willow Drive, Palm Harbor, FL 34683

Kathryn E. Smith, Manager/Member, 444 Winding Willow Drive, Palm Harbor, FL 34683

The undersigned has executed these Articles of Organization this 11th day of April 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"



Authorized Representative

FILED
07 APR 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: 3067 PARK LANE, LLC

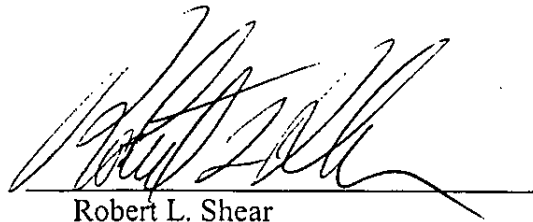
2. The name and address of the registered agent and office is: _____

Robert L. Shear, Esq., 2650 McCormick Dr., Suite 130,
Clearwater, FL 33759

07 APR 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.



Robert L. Shear