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07 MAY 31 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** TRACY SPEAR

**DATE:** 05/31/07

**REF. #:** 000174.69123

**CORP. NAME:** FAP OF LAKE LAND, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 160.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

FAP OF LAKE LAND, LLC,  
a Florida limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

FAP OF LAKE LAND, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

2525 Drane Field Road  
Lakeland, FL 33811

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Benjamin R. Hanan  
240 S. Pineapple Ave., 10<sup>th</sup> Floor  
Sarasota, FL 34236

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
30 day of MAY, 2007.

WITNESSES:

Fielding Dickey  
Print Name Fielding Dickey

Margaret P. Weinstein  
Margaret P. Weinstein

Danna L Wood  
Print Name Danna L Wood

"MANAGER"

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

FAP OF LAKE LAND, LLC

2. The name and the Florida street address of the registered agent are:

Benjamin R. Hanan  
240 S. Pineapple Ave., 10<sup>th</sup> Floor  
Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: May 31, 2007

  
Benjamin R. Hanan

"REGISTERED AGENT"