

LD70000062319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

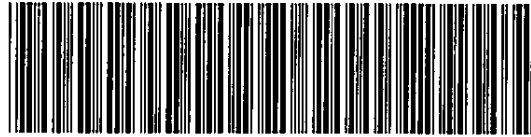
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Post Office Box 3259 • Sarasota, Florida 34230

John C. Dent, Jr.  
Sherri L. Johnson  
Joe D. Dingess  
R. Laine Wilson Harris

Richard A. Miller  
of Counsel

June 8, 2007

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: LOAB, L.L.C.

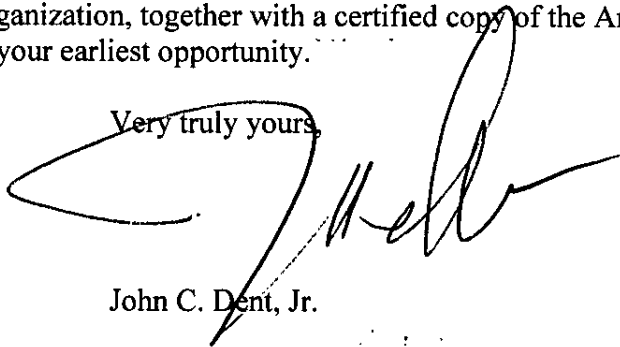
Dear Sir or Madam:

Enclosed please find Articles of Organization of LOAB, L.L.C. for filing, together with a copy for certifying.

Also, enclosed is my firm's check in the amount of \$155.00, representing filing fees - \$100.00, certified copy - \$30.00, and registered agent designation - \$25.00.

Please forward the Certificate of Organization, together with a certified copy of the Articles of Organization, to the undersigned at your earliest opportunity.

Very truly yours,



John C. Dent, Jr.

JCD:eb

Enclosures

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**ARTICLES OF ORGANIZATION**

**OF**

**LOAB, L.L.C.**

These Articles of Organization are executed and submitted to the Florida Department of State for filing pursuant to the provisions of Sections 608.401, et seq., of the Florida Statutes.

**NAME OF THE LIMITED LIABILITY COMPANY:** The name of the limited liability company is LOAB L.L.C.

**DURATION:** The period of the limited liability company's duration is perpetual.

**MAILING ADDRESS OF PRINCIPAL OFFICE:** The mailing address of the principal office of the limited liability company is:

1551 Second Street  
Sarasota, Florida 34236

**STREET ADDRESS OF PRINCIPAL OFFICE:** The street address of the principal office of the limited liability company is:

1551 Second Street  
Sarasota, Florida 34236

**INITIAL REGISTERED AGENT:** The name and street address of the limited liability company's initial registered agent in the State of Florida is:

John C. Dent, Jr., Esquire  
Dent & Johnson, Chartered  
3415 Magic Oak Lane  
Sarasota, Florida 34232

The registered agent's signature below acknowledges his familiarity with and acceptance of the obligation of said position.

**CONTINUATION OF COMPANY:** In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, the limited liability company may continue its existence by the remaining member or members.


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**MANAGEMENT:** The limited liability company is to be managed by a managing member. The name and address of the managing member is:

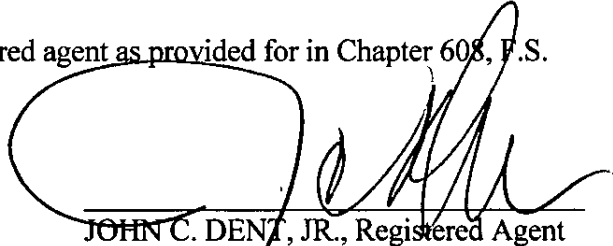
D. Craig Holliday  
1551 Second Street  
Sarasota, Florida 34236

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated this 8 day of JUNE, 2007.

  
D. CRAIG HOLLIDAY,  
Managing Member

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.

  
JOHN C. DENT, JR., Registered Agent

Dated: June 8, 2007