(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Desument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
an an
$D_{\mathcal{D}}$

Office Use Only



100104668691

07 JUN 26 PH 4: 15



ACCOUNT NO. : 072100000032	
REFERENCE: 969019 4306747	
AUTHORIZATION: Spubblenas	
COST LIMIT : \$ 125.00	
ORDER DATE : June 26, 2007	
ORDER TIME : 3:30 PM	
ORDER NO. : 969019-010	
CUSTOMER NO: 4306747	
DOMESTIC FILING	
NAME: CHURCHILL HOLDINGS LLC	0 S S
	7 JUN
EFFECTIVE DATE:	SE S
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	
XX ARTICLES OF ORGANIZATION	AM 8: 1.9 SEE. FLORIDA
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	DA G
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Troy Todd - EXT. 2940	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Churchill Holdings LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
601 Cleveland Street, Suite 300	601 Cleveland Street, Suite 300
Clearwater, FL 33755	Clearwater, FL 33755
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Corporation Service Co	mpany CC T
Name	JUN 26 LAHASS
1201 Hays Street	
	tress (P.O. Box <u>NOT</u> acceptable)
Tallahassee	
City, State, a	
liability company at the place designated in the registered agent and agree to act in this capacity	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all
	rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Corporation)Service ₃ C	Ampany Troy Todd
By: 1	as its agent
Registered Agent's Signat	ure (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Name and Address:	
Keith J. Gloeckl 601 Cleveland Street, Suite 300 Clearwater, FL 33755	
Devin Sanderson 601 Cleveland Street, Suite 300 Clearwater, FL 33755	07 JUN 26 AH 8: 49 SECRETARY UT STATE ALLIAMASSEE TORIO
e date of filing: (0	DPTIONAL)
•	
	Keith J. Gloeckl 601 Cleveland Street, Suite 300 Clearwater, FL 33755 Devin Sanderson 601 Cleveland Street, Suite 300 Clearwater, FL 33755 e date of filing:

Signature of a member or an authorized representative of a member.

(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.)

By: Gayle Aiken, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)