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## CAPITAL CONNECTION, INC.

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

EFFECTIVE DATE 7 1007

Southland Whiting Field 1	ee Arcolling
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	75/2 <b>3 'O</b>
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	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
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: 7/	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

EFFECTIVE DATE 7/0/07

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	TO THE PARTY OF TH
Southland - Whiting (Must end with the words "Limited Liability Company, "Limited Company)	
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5351 Buttler Drive Milton, FL 32583	Milton, FL 32583
ARTICLE III - Registered Agent Pegistered O	office & Desistered Agent's Signature

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sharon M. Gilbert

Name

5351 Bufffer Drive

Florida street address (P.O. Box NOT acceptable)

Milton FL 32583

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or I The name and address of each M	Managing Member(s): anager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mar	Carl R. G. I best II 5351 BUFFER DRIVE Milton FL 32583
MGR	Geoff Hood 5351 BUFFLET DRIVE Milton FL 32583
MGRM	Sharon M. Gilbert 5351 Buffler Deive Milten, FL 32583
(Use attachment if necessary)  ARTICLE V: Effective date, if other than (If an effective date is listed, the date in to or 90 days after the date of filing.)	n the date of filing:
REQUIRED SIGNATURE:  Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)  Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)