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(Requestor's Name)

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(City/State/Zip/Phone #)

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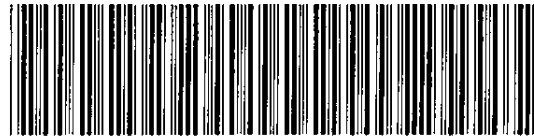
(Business Entity Name)

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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

Folks Plaza, LLC

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- Art of Inc. File _____
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- Trade/Service Mark _____
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- Annual Report / Reinstatement _____
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- UCC 1 or 3 File _____
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- Courier _____

Signature

Requested by:

WL *1/4* *11:00*

Name

Date

Time

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: Name:

The name of the limited liability company is: **Folks Plaza, LLC**

ARTICLE II: Address:

The mailing address and street address of the principal office of the limited liability company is:

Folks Plaza, LLC
4020 Del Prado Blvd. S.,
Suite A-1
Cape Coral, FL 33904

ARTICLE III: Registered Agent:

The name and Florida street address of the limited liability company registered agent is:

Name: Stephen W. Haywood
Address: 4020 Del Prado Blvd. S.,
Suite A-1
Cape Coral, FL 33904

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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 in Chapter 608, F.S.


Stephen W. Haywood, Registered Agent

ARTICLE IV: Management:

The Limited Liability Company is to be managed by one manager or more and is therefore, a manager-managed company.


Stephen W. Haywood, Manager

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