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J. BRYAN

JAN 1 1 2008

EXAMINER

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Zageo Land, LLC.	
oobvior.	(Name of Limited Liability Company)	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
Eliz	abeth L. Gwynn	
	(Name of Person)	
		0 0
	(Firm/Company)	SECRETARY OF STATENS IN ISION OF CORPORATIONS OB JAN 10 PM 1: 58
РО	Box 756	N OFFI
	(Address)	PA
Tall	lahassee, FL 32302	
	(City/State and Zip Code)	56 ONS
For further in	nformation concerning this matter, please call:	
Elizabet	th L. Gwynn at (850) 513.1100	
	(Name of Person) (Area Code & Daytime Telephone	Number)
Enclosed is	a check for the following amount:	
✓ \$125.00 Fil	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Zageo Land, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 509 Plantation Road PO Box 756 Tallahassee, FL 32301 Taffahassee, FL 32302 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 antire with an active Florida registration.) Elizabeth L. Gwynn Name 509 Plantation Road Florida street address (P.O. Box NOT acceptable) Tallahassee, FL 32303L 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 Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
MGRM" = Managing Member	
Elizabeth L. Gwynn	509 Plantation Road
	Tallahassee, FL 32303
David W. Gwynn	509 Plantation Road
	Tallahassee, FL 32303
·	
<u> </u>	
(Use attachment if necessary)	
•	on the date of filing: (OPTION
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CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a model of this document	ust be specific and cannot be more than five business da

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)