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EXAMINER

OBFEB21 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FINALE



ACCOUNT NO. : 072100000032

REFERENCE: 453847 4307

AUTHORIZATION : 🥥

COST LIMIT : \$ 125.00

ORDER DATE : February 21, 2008

ORDER TIME : 9:31 AM

ORDER NO. : 453847-005

CUSTOMER NO: 4307439

DOMESTIC FILING

NAME: YORK FLORIDA LAND, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	7 m 6
The name of the Limited Liability Company is:	L.C.," or "LLC.")
York Florida 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	
Principal Office Address: Mailing A	ddress:
3217 White Oak Road	
Lorida, FL 33857	
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Registered Agent. You business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	ent are:
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box	NOT acceptable)
Tallahassee _{FL} 32301	
City, State, and Zip	
Having been named as registered agent and to accept service liability company at the place designated in this certificate registered agent and agree to act in this capacity. I further as statutes relating to the proper and complete performance of accept the obligations of my position as registered agent to	e, I hereby accept the appointment as gree to comply with the provisions of all fmy duties, and I am familiar with and
Corporation Service Company	
BY: Our our oler foo Al	
Registered Agent's Signature (REQUIRE Amanda Roath	(D)
As its agent	

(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" = Manage "MGRM" = Mana		Name and Address:	
Manager	-	Carl Dallmeyer 4775 N. Sherman St. Mt. Wolf, PA 17347	
Manager	-	Craig Dallmeyer 3217 White Oak Road Lorida, FL 33857	
	_		<u> </u>
(Use attachment if	necessary)		
ARTICLE V: Effective da (If an effective date is liste to or 90 days after the date	d, the date must be sp	e of filing: (OP pecific and cannot be more than five busine	
REQUIRED SIG	6,5//a	Mun	
\$	Signature of a member of	an authorized representative of a member.	
. (In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution is an affirmation under the penaltics of perjury in are true.)	
	Craig Dallmeyer		
	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)