

LU8000020638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

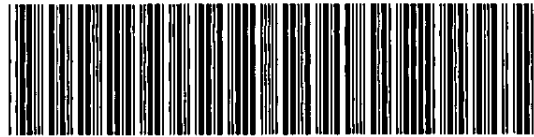
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08 FEB 27 AM 10:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
FEB 27 2008  
EXAMINER

FILED  
08 FEB 27 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Colli C. Wilkinson, Jr.  
 (Requestor's Name)  
 2940 Perry Forest Parkway  
 (Address)  
 Suite 103 618-4130  
 (City, State, Zip) (Phone #)  
 Tallahassee, FL

OFFICE USE ONLY

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 08 FEB 27 PM 2:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

32309 0888

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Springhead, LLC  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
SPRINGHEAD, LLC**

**FILED**  
08 FEB 27 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is SPRINGHEAD, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, market, sell, lease, mortgage, develop and do everything incidental or necessary relating to real property and personal property and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The street and mailing address of the place of business in Florida for the Company is 500 Orchard Pond Road, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Jeffrey S. Phipps, and the initial registered office is located at 500 Orchard Pond Road, Tallahassee, Florida 32312.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be a manager- managed limited liability company under such terms and

conditions as are set forth in the Operating Agreement. The initial manager of the Company shall be Jeffrey S. Phipps, 500 Orchard Pond Road, Tallahassee, FL 32312.

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member, Manager, former Member or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on this 25<sup>th</sup> day of February, 2008.

By: \_\_\_\_\_

Jeffrey S. Phipps, Member

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Springhead, LLC.
2. The name and address of the registered agent and office of the company are:

Jeffrey S. Phipps  
500 Orchard Pond Road  
Tallahassee, FL 32312

Executed this 25<sup>th</sup> day of February, 2008.

SPRINGHEAD, LLC

By: \_\_\_\_\_

JEFFREY S. PHIPPS  
MANAGER

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.

\_\_\_\_\_  
JEFFREY S. PHIPPS

Date: \_\_\_\_\_

2/25/08

REGISTERED AGENT FILING FEE: \$25.00