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FEB 29 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Brooks	sville Land Partner	rs, LLC		
		d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
Scott Alex	cander Wood			
	(Name of Person)		
Brooksvill	e Land Partners,	LLC		
	(Firm/Company)		
P.O. Box	24418			
		(Address)		
Tampa, F	FL 33623-4418			
	(City	/State and Zip Code)		
For further information of	concerning this matter, please	call:		
Scott Alexande	er Wood	at (813) 251-21	30	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	r the following amount:		2000 F SECRI	L
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	steen and
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns • Circle	t ,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Brooksville Land Partners, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3803 W. San Nicholas St.	P.O. Box 24418
Tampa, FL 33629-6307	Tampa, FL 33623-4418
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the research Scott Alexander Wood Name	ered Agent. You must designate an individual or another
3803 W. San Nicholas S	St.
	ress (P.O. Box NOT acceptable)
Tampa	FL 33629-6307
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	inccept service of process for the above stated limited his certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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>		Name and Address:			
"MGR" = Mana					
"MGRM" = Mar	naging Member				
MGRM		Scott Alexander Wood			
		P.O. Box 24418		_	
		Tampa, FL 33623-4418		-	
MGRM		Joe Diange			
		P.O. Box 2335		_	
		Land O' Lakes, FL 34639			
			 	_	
	<u></u>	•		_	
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				_	
(Use attachment	if necessary)				
ADTICLE V. Effective	data :Cathanthan tha d	lata of filing.	(ODT)	IONIA I	`
		late of filing: specific and cannot be more than five			
to or 90 days after the d	-	specific and cannot be more than inv	c Dusines	is uays	him
	g./				
<u>REQUIRED</u> SI	GNATURE:				
		. S	F.O.	2	
			L.E.	900	
	Signature of a member	or an authorized representative of a mem	ber.	2008 F.EB	***
	(In accordance with sect	ion 608.408(3), Florida Statutes, the execution	m ASS	ro	e reside
	of this document constitu	utes an affirmation under the penalties of perj	jury 📉 🧠	CO	fer m
	that the facts stated he	•	E	PM	1 1 1
	Scott Alexander Wo		- 2 20.	$\dot{\omega}$	f
	Тур	ed or printed name of signee	<u>G</u> U	80	
Wiling Coop	•		4.00	~~~	

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)