

LOB000045139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

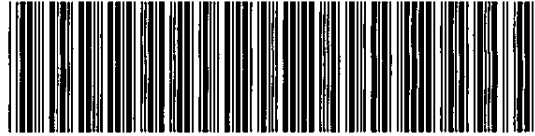
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TALLAHASSEE, FLORIDA

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T. CLINE

MAY - 6 2008

EXAMINER

**ARTICLES OF ORGANIZATION  
OF  
ALB-2 LLC**

**ARTICLE I - NAME**

The name of the limited liability company is ALB-2 LLC, ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4801 Lynn Oaks Circle  
Dover, Florida 33527

Mailing Address:

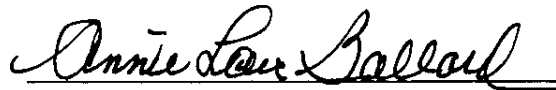
4801 Lynn Oaks Circle  
Dover, Florida 33527

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Annie Lou Ballard  
4801 Lynn Oaks Circle  
Dover, Florida 33527

*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..*

  
Annie Lou Ballard

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#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Annie Lou Ballard  
4801 Lynn Oaks Circle  
Dover, Florida 33527

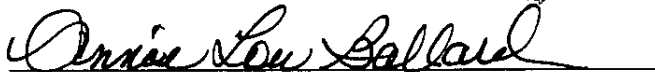
#### ARTICLE V – EFFECTIVE DATE

The effective date of the company shall be April 2<sup>nd</sup>, 2008.

#### ARTICLE VI – DURATION

The period of duration for the company shall be perpetual.

#### REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Annie Lou Ballard

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ALB-2 LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is ALB-2 LLC.
2. The name and the Florida street address of the registered agent and office are:  
Annie Lou Ballard  
4801 Lynn Oaks Circle, Dover, Florida 33527 (Post office box is NOT acceptable.)

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, Florida Statutes.

  
Annie Lou Ballard  
Registered Agent

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