LU800000 76436

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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RECEIVED STORES

B. KOHR

AUG 1 1 2008

EXAMINER

OB AUG II PM 12: 25

SELVE I ARY OF STATE
ALL AHASSEE ELONG



| ACCOUNT NO. : 072100000032 |
|--|
| REFERENCE: 680952 7448543 |
| AUTHORIZATION: Spelle le man |
| COST LIMIT : \$ 125.00 |
| ORDER DATE : August 8, 2008 |
| ORDER TIME: 5:02 PM |
| ORDER NO. : 680952-005 |
| CUSTOMER NO: 7448543 |
| F. C |
| DOMESTIC FILING |
| NAME: PECAN INDUSTRIAL PARK, LLC |
| |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Susie Knight - EXT. 2956 |
| EXAMINER'S INITIALS: |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | , in | A. C. S. |
|--|--|---------------------|
| The name of the Limited Liability Company | 15. | E E |
| Pecan Industrial Park, LLC | | 製工品 |
| (Must end with the words "Limited Liability Company, "L | imited Company" or their abbreviation "LLC, | "or"LEGG |
| ARTICLE II - Address: | | P.S. |
| The mailing address and street address of the | e principal office of the Limited Li | ability (Sampany 3) |
| Principal Office Address: | Mailing Address: | P |
| 8441 Cooper Creek Blvd | 8441 Cooper Creek Blvd | |
| University Park, FL 34201 | University Park, FL 34201 | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R | red Office, & Registered Agent's egistered Agent's | s Signatures: |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David H. Baldauf | registered Agent. You must designate an indiv | FILE FILE |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David H. Baldauf | egistered Agent. You must designate an indiv | FILE FILE |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David H. Baldauf No. S441 Cooper Creek Blvd | registered Agent. You must designate an indiv | idua inother AUG 11 |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David H. Baldauf No. S441 Cooper Creek Blvd | registered Agent. You must designate an indiv | FILE FILE |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David H. Baldauf No. 8441 Cooper Creek Blvd Florida street | registered Agent. You must designate an individue registered agent are: une taddress (P.O. Box <u>NOT</u> acceptable) | FILE FILE |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David H. Baldauf No. 8441 Cooper Creek Blvd Florida street | registered Agent. You must designate an indiv | FILE FILE |

By: MARAGE (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 "MGRM" = Manag | Name and Address: Member |
|---|--|
| MGR | David H. Baldauf 8441 Cooper Creek Blvd University Park, FL 34201 |
| | |
| | |
| (Use attachment if r | essary) |
| ARTICLE V: Effective dat If an effective date is listed o or 90 days after the date | other than the date of filing: (OPTIONAL) are date must be specific and cannot be more than five business days prifiling.) |
| <u>REQUIRED</u> SIGN | URE: |
| $\sqrt{\chi}_{\overline{s_i}}$ | MR LAT- ture of a member or an authorized representative of a member. |
| ol | cordance with section 608.408(3). Florida Statutes, the execution adocument constitutes an affirmation under the penalties of perjury the facts stated herein are true.) |

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)

Typed or printed name of signee