

LU 8000080790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

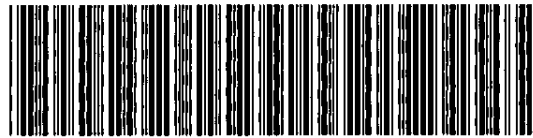
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200134415872

08/25/08--01003--023 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 AUG 25 AM 11:29
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

EFFECTIVE DATE 8/22/08

B. KOHR

AUG 25 2008

EXAMINER

FILED
08 AUG 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

850-222-2785

City/St/Zip

Phone #

8/25/2008

CK ENCLOSED FOR : \$125.00

CK # 6188

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

1- 2675 Land Holdings, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
xxx	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
<input type="checkbox"/>	Other

EFFECTIVE DATE 8/22/08

Examiner's Initials

jac

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME: The name of the Limited Liability Company is:

2675 LAND HOLDINGS, LLC

ARTICLE II - Address: The mailing address and the street address of the principal office of the Limited Liability Company is:

660 U.S. Highway One, Third Floor
North Palm Beach, Florida 33408

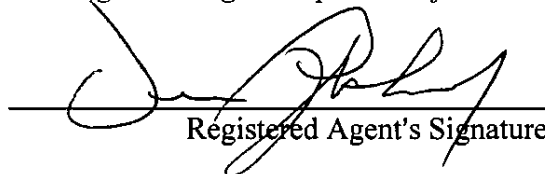
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Drennen L. Whitmire, Jr., Esquire
Name
660 U.S. Highway One, Third Floor
Florida street address (P. O. Box **NOT** acceptable)
North Palm Beach, FL 33408
City, State, and Zip

EFFECTIVE DATE

8/22/08
FILED
08 AUG 25 PM 3:55
TALLAHASSEE, FLORIDA

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 provision of all statutes relating to the property 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.


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one or more managers and is therefor, a manager-managed company.

ARTICLE V - Effective Date of Existence: The Effective Date of the Limited Liability Company's existence shall be August 22, 2008.


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.)

Drennen L. Whitmire, Jr., Esquire
Typed or printed name of signee