

L08000084928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 8 2008

EXAMINER



results matter

Lori Tipson
Direct Dial: (404) 685-4327
Email: ltipson@burr.com

September 4, 2008

171 Seventeenth Street, NW
Suite 1100
Atlanta, GA 30363

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Office (404) 815-3000
Fax (404) 817-3244
Toll-free (877) FOR-BURR

BURR.COM

Re: Registration of KARR Management, LLC

Dear Ladies and Gentlemen:

Enclosed please find the following documents for processing for the above-referenced entity:

1. Original and one conformed copy of the Articles of Organization; and
2. Corporate Filing Fee Payment in the amount of \$155.00.

We request that you file the Articles of Organization, issue a Certified Copy of the Certificate of Organization and take such other actions as are required by the law to effectuate the organization of this limited liability company. Please return to the undersigned the certified copy.

Please notify the undersigned at 404/685-4327 if there are any questions about these documents.

Sincerely,

A handwritten signature in cursive script that reads "Lori Tipson".

Lori Tipson

lat
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KARR Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1244 Sandy Lane

St. George's Island, FL 32328

Mailing Address:

P.O. Box 630

Eastpoint, FL 32328

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John R. Moody

Name

1244 Sandy Lane

Florida street address (P.O. Box **NOT** acceptable)

St. George's Island, FL 32328

City, State, and Zip

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..

John R. Moody

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Member

John R. Moody

P.O. Box 630

Eastpoint, FL 32328

Member

Andrew M. Poe

P.O. Box 843

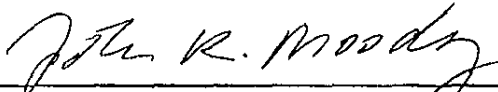
Hawkinsville, GA 31036

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John R. Moody

Typed or printed name of signer

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)

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