

L080000086433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

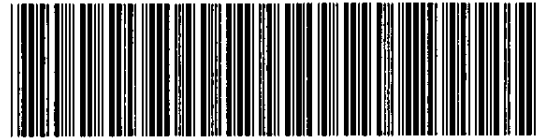
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500135414905

09/11/08--01006--013 \*\*250.00

RECEIVED

08 SEP 11 PM 12:48

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 SEP 11 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

SEP 11 2008

EXAMINER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

530 Truman Avenue, LLC

FILED  
08 SEP 11 PM 3:25  
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File\_\_\_\_\_
- ☐ LTD Partnership File\_\_\_\_\_
- ☐ Foreign Corp. File\_\_\_\_\_
- ☒ L.C. File\_\_\_\_\_
- ☐ Fictitious Name File\_\_\_\_\_
- ☐ Trade/Service Mark\_\_\_\_\_
- ☐ Merger File\_\_\_\_\_
- ☐ Art. of Amend. File\_\_\_\_\_
- ☐ RA Resignation\_\_\_\_\_
- ☐ Dissolution / Withdrawal\_\_\_\_\_
- ☐ Annual Report / Reinstatement\_\_\_\_\_
- ☐ Cert. Copy\_\_\_\_\_
- ☒ Photo Copy\_\_\_\_\_
- ☐ Certificate of Good Standing\_\_\_\_\_
- ☐ Certificate of Status\_\_\_\_\_
- ☐ Certificate of Fictitious Name\_\_\_\_\_
- ☐ Corp Record Search\_\_\_\_\_
- ☐ Officer Search\_\_\_\_\_
- ☐ Fictitious Search\_\_\_\_\_
- ☐ Fictitious Owner Search\_\_\_\_\_
- ☐ Vehicle Search\_\_\_\_\_
- ☐ Driving Record\_\_\_\_\_
- ☐ UCC 1 or 3 File\_\_\_\_\_
- ☐ UCC 11 Search\_\_\_\_\_
- ☐ UCC 11 Retrieval\_\_\_\_\_

Signature

Requested by: *Christina*

Name

Date

Time

9/11

11:30

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

530 Truman Avenue, 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:**

336 Duval Street, Key West, FL 33040

**Mailing Address:**

PO Box 974 Key West, FL 33041

**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 M. Spottswood, Jr.

Name

500 Fleming Street

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

Key West, FL 33040 FL

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SEP 11 PM 3:25  
SECRETARY OF STATE  
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:**

MGRM

Edward B. Knight, Trustee of the

Edward B. Knight Living Trust Dated 01/23/97

PO Box 974, Key West, FL 33041

(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 M. Spottswood, Jr., Authorized Representative

Typed or printed name of signee

**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)