L08000087304

(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

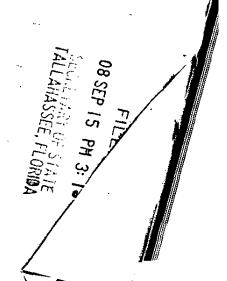


100135841221



B. KOHR SEP 1 5 2008

EXAMINER





ORPORATION SERVICE COMP

A(COUNT NO. : 072100000032

REFERENCE :

722046

7448543

AUTHONIZATION :

COST LIMIT :

ORDER DATE: September 15, 2008

ORDER TIME : 12:36 PM

ORDER NO. : 722046-020

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME:

PECAN RR PARK C, LLC

EFFECTIVE DATE:

	ARTICLES OF	INC	ORPORAT'I	ION
	CERTIFICATE	OF	LIMITED	PARTNERSHIE
XX	ARTICLES OF	ORG	ANIZATIO	ON

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

ARTICLES OF ORWAINIZATION FOR FLORIDA LIMITED LIABILITY COMPANY. ARTICLE I - Name: The name of the Limited Liability Company is: Pecan RR Park C, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "I ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Cor Principal Office Address: **Mailing Address:** 8441 Cooper Creek Blvi 8441 Cooper Creek Blvd University Park, Fl. 342 University Park, FL 34201 ARTICLE III - Remistered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Combiney 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 Finida street address of the registered agent are: vid H. Baldaof Name H Cooper Creek Blvd Florida street address (P.O. Box 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 any 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.

City, State, and Zip

niversity Park,

Registered Agent's Signature (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:

H. Baldauf Cooper Creek Blvd rsity Park, FL 34201
The state of the s
ng: (OPTION nd cannot be more than five business da
orized representative of a member.
(3), Florida Statutes, the execution nation under the penalties of perjury
.)
OS firi

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)