L08000096868

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300136789143

10/14/08--01017--009 **125.00

RECEIVED

08 OCT III MIO: III

ON OCT III MIO: III

B. KOHR

OCT 1 4 2008

EXAMINER



\ 6 0	RPOF	RATE,
	ACCE	
	TATO	, / -

AWhen you need ACCESS to the world \cong .

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN				
	PICK U	P: 10/14/08 E.C.	PLED FILED	
	CERTIFIED COPY		5	
	РНОТОСОРУ		The second second	
	CUS		OBOTE OF	
	FILING	uc		
1. <u>(</u>	SOTHA SIMMONS	PROPERTY, LLC		
	CORPORTE NAME AND DOCOME	ΣΙΝ X #/		
2.	CORPORATE NAME AND DOCUME	NT #)		
3.				
	CORPORATE NAME AND DOCUME	ENT #)		
4.	CORPORATE NAME AND DOCUME	NT #)		
5. (CORPORATE NAME AND DOCUME	NT#)		
j.				
(CORPORATE NAME AND DOCUME	NT#)		
PECIAL.	INSTRUCTIONS:			
				

ARTICLES OF ORGANIZATION FOR GOTHA SIMMONS PROPERTY, LLC a Florida limited liability company

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.

ARTICLE I - NAME

The name of this Corporation shall be "GOTHA SIMMONS PROPERTY, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 10227 Trout Road, Orlando, Florida 32836.

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Leland D. Simmons and Judith A. Simmons, or the survivor of them.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is Leland D. Simmons, 10227 Trout Road, Orlando, Florida 32836. 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Dated this 10 day of Chita 2, 2008

eland D. Simmons, Member and

Registered Agent

STATE OF FLORIDA COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 10 day of October, 2008, by LELAND D. SIMMONS. Said person did not take an oath and (check one) is personally known to me, or is produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

DONNA BATCHELDER
MY COMMISSION # DD 659117
EXPIRES: August 4, 2011
Bonded Thru Notary Public Underwriters

Print Name:_

Notary Public - State of Florida

Commission Number: My Commission Expires: