

L08000099192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

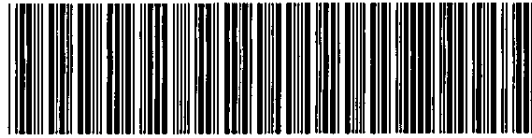
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/22/08--01002--004 **155.00

RECEIVED

08 OCT 21 PM 3:13

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 OCT 21 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

OCT 22 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

10/21/2008

Ck Enc for \$155.00 #8798

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TALLAHASSEE, FLORIDA

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

- 1- PODOCARPUS PROPERTIES, LLC
- 2- _____
- 3- _____
- 4- _____

☒ Walk-in

☐ Pick-up time _____

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	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

Examiner's Initials jac

ARTICLES OF ORGANIZATION

OF

PODOCARPUS PROPERTIES, LLC
A Florida Limited Liability Company

FILED
08 OCT 21 AM 9:35
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

ARTICLE 1

Name

The name of this Limited Liability Company is: PODOCARPUS PROPERTIES,
LLC.

ARTICLE 2

Duration

The duration of this limited liability company is perpetual from the date of
commencement of the limited liability company's existence. The date and time of
commencement of the limited liability company's existence is the time of filing of the original
articles of organization by the Department of State of the State of Florida.

ARTICLE 3

Principal Office and Registered Agent

The mailing and the street address of the principal office of the limited liability
company is 500 Card Avenue, Holly Hill, FL 32117. The name and address of the initial
registered agent of the limited liability company is Cindy E. Cassidy, 500 Card Avenue, Holly
Hill, FL 32117.

ARTICLE 4

Management

The company is to be a manager-managed company. The names and addresses of its Manager is:

Cindy E. Cassidy
500 Card Avenue
Holly Hill, FL 32117

ARTICLE 5

Continuation of Business

Upon the death, bankruptcy, retirement, resignation, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members may continue the legal existence and business of the limited liability company if (i) there is at least one remaining member or a new member is admitted, and (ii) within ninety (90) days after the occurrence of the event of dissolution, the members, by a majority in interest vote, consent in writing to the continuation of the business.

ARTICLE 6

Admission of Additional Members

No person may be admitted as an additional member without the prior written consent of the Managers. If such person is admitted, he or she shall be subject to the obligations and limitations in the Operating Agreement of the limited liability company, as amended for the additional members.

IN WITNESS WHEREOF, the undersigned members do hereby execute and

acknowledge these articles of organization this 17 day of October, 2008.


Cindy E. Cassidy

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OF PROCESS**

Pursuant to Section 608.415 Florida Statutes, PODOCARPUS PROPERTIES,
LLC, hereby designates CINDY E. CASSIDY, 500 Card Avenue, Holly Hill, FL 32117 as its
registered agent and the street address of its registered office, respectively, for service of process
within the State of Florida.


Cindy E. Cassidy, Manager/Member

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing
designation as registered agent of PODOCARPUS PROPERTIES, LLC for service of process
within the State of Florida.


Cindy E. Cassidy, Manager/Member