

LU8000103460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

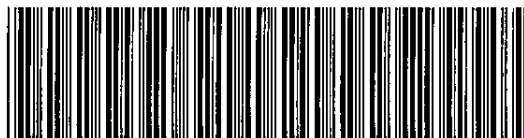
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000137660500

11/05/08--01006--024 **130.00

RECEIVED
08 NOV -5 PM 1:15
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 NOV -5 PM 3:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

NOV - 5 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

11/4/2008

Ck Enc for \$130.00 #7110

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08 NOV -5 PM 3:15
TALLAHASSEE, FLORIDA

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

- 1- Newberry Road Kazbor's, 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
NEWBERRY ROAD KAZBOR'S, LLC**

FILED
08 NOV -5 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be **NEWBERRY ROAD KAZBOR'S, LLC** ("company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company are as follows:

Mailing Address

Street Address

1223 NW 114th Drive
Gainesville, Florida 32606

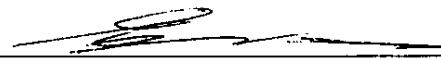
same

**ARTICLE III --REGISTERED AGENT, REGISTERED OFFICE AND
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida are as follows:

George E. Fletcher
1223 NW 114th Drive
Gainesville, FL 32606

Having been named as the 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 of registered agent as provided in F.S. Chapter 608.


George E. Fletcher, Registered Agent

ARTICLE IV --MANAGEMENT

The company shall be managed by the following Managing Members in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company:

George E. Fletcher
1223 NW 114th Drive
Gainesville, Florida 32606

Gloria W. Fletcher
1223 NW 114th Drive
Gainesville, Florida 32606

ARTICLE V -- DURATION

The company shall commence its existence on the 7th day of November, 2008. The company's existence shall be perpetual or until the company is dissolved earlier as provided in these articles of organization or in the Regulations.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Gainesville, Florida, on this 4th day of November, 2008.

Signed, sealed and delivered
in our presence as witnesses

Elizabeth S. Podge

Printed name Elizabeth S. Podge

GEORGE E. FLETCHER


Barbara M. Wilhite

Printed name BARBARA M. WILHITE

STATE OF FLORIDA
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 4th day of November, 2008, by George E. Fletcher, who ☒ is personally known to me or ☐ has produced _____ as identification.

Barbara M. Wilhite
Notary Public

NOTARY PUBLIC STATE OF FLORIDA
 Barbara M. Wilhite
Commission #DD403856
Expires: APR. 03, 2009
Bonded Thru Atlantic Bonding Co., Inc.