

LO800011530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

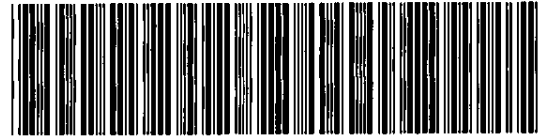
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900138373659

12/05/08--01005--004 **160.00

RECEIVED

08 DEC -5 AM 10: 14

DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC -5 AM 11: 15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC - 5 2008

EXAMINER

Sunstate Research
Requester's Name

Address

City/State/Zip Phone #
0565454

Office Use Only

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

1. 221 Semoran Partners LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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FILED
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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

08 DEC -5 AM 11:15
FILED
NEW STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

221 Semoran Partners, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

3300 University Boulevard
Suite 218
Winter Park, Florida 32792

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

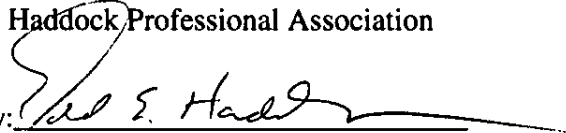
The name and the Florida street address of the registered agent are:

Haddock Professional Association
3300 University Boulevard
Suite 218
Winter Park, Florida 32792

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, Florida Statutes.

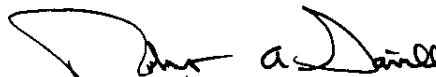
Haddock Professional Association

By:



(Registered Agent's Signature)

Edward E. Haddock, Jr., President



Signature of a member or an
Robert A. Savill, authorized representative of a member.
Authorized Representative

(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.)