

LO800011530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

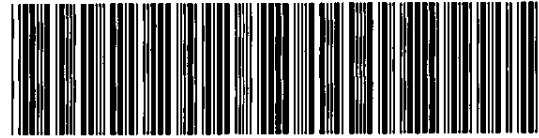
(Business Entity Name)

(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**

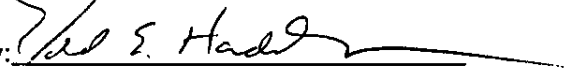
The name and the Florida street address of the registered agent are:

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.)