

LO9 0000 10457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

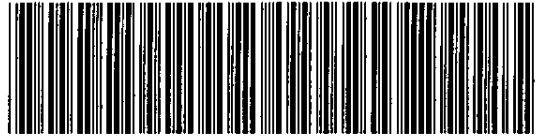
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400142239174

01/30/09--01034--017 \*\*160.00

2009 JAN 30 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

FEB - 2 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ODYSSEY (IX) DP III, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**PETER A. MCFARLANE**

(Name of Person)

**PETER A. MCFARLANE, P.A.**

(Firm/Company)

**500 SOUTH FLORIDA AVENUE, SUITE 715**

(Address)

**LAKELAND, FL 33801**

(City/State and Zip Code)

For further information concerning this matter, please call:

**INGA W. WELCH**

(Name of Person)

**863**

**647-1581**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 30 PM 12:51

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**ODYSSEY (IX) DP III, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

**500 S FLORIDA AVE, SUITE 700  
LAKELAND, FL 33801**

#### Mailing Address:

**500 S FLORIDA AVE STE 700  
LAKELAND, FL 33801**

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**PETER A. MCFARLANE**

Name

**500 S FLORIDA AVE, SUITE 715**

Florida street address (P.O. Box **NOT** acceptable)

**LAKELAND, FL 33801**

City, State, and Zip

*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, F.S..*



Registered Agent's Signature (REQUIRED)

FILED  
2009 JAN 30 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

**"MGRM" = Managing Member**

**Name and Address:**

**LAKE LAND, FL 33801**

Page 2 of 2