

LD9 000026845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

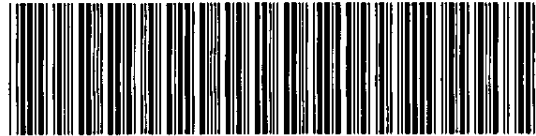
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800145400768

FILED

2009 MAR 19 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

09 MAR 19 AM 10:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. CLINE

MAR 19 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 929665 4375034

AUTHORIZATION :

COST LIMIT : \$155.00

[Handwritten Signature]

ORDER DATE : March 19, 2009

ORDER TIME : 9:10 AM

ORDER NO. : 929665-010

CUSTOMER NO: 4375034

DOMESTIC FILING

NAME: NEWCO-PLC, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS: _____

2009 MAR 19 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION
OF
NEWCO-PLC, LLC**

The undersigned, an authorized person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the State of Florida, hereby certifies that:

**ARTICLE I
Name**

The name of the limited liability company (the "Limited Liability Company") formed hereby is:

"Newco-PLC, LLC"

**ARTICLE II
Principal Office Address**

The mailing address and street address of the principal office of the Limited Liability Company is 300 North Waukesha Street, Bonifay, Florida 32425.

**ARTICLE III
Registered Agent and Office**

The name and address of the registered agent for service of process on the Limited Liability Company in the State of Florida is Brian James, 300 North Waukesha Street, Bonifay, Florida 32425.

**ARTICLE IV
Member**

The name and address of the initial member (the "Member") of the Limited Liability Company is The Bank of Bonifay, 300 North Waukesha Street, Bonifay, Florida 32425.

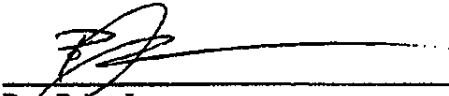
**ARTICLE V
Dissolution Caused by Cessation of Membership**

The cessation of membership of one or more Members for any reason shall not cause the dissolution of the Limited Liability Company.

[signature page follows]

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
as of March 18 2009.

THE BANK OF BONIFAY


By: Brian James
Its: Authorized Representative

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 the Florida Limited Liability Company Act.


Brian James, Registered Agent