

04-21-09 11:19

FROM-Akerman Senterfitt

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AKERMAN SENTERFITT (JACKSONVILLE)
Account Number : 105543000740
Phone : (904) 798-3700
Fax Number : (904) 798-3730

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Flashpoint Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. HAMPTON

APR 22 2009

EXAMINER

RECEIVED
09 APR 21 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09 APR 21 AM 7:39
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DIVISION OF CORPORATIONS
4/21/2009

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Flashpoint Holdings, 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:3948 3rd Street South, 389
Jacksonville Beach, Florida 32250**Mailing Address:**3948 3rd Street South, 389
Jacksonville Beach, Florida 32250**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:

Robert A. Leapley, Jr., Esq.

Name

50 North Laura Street, Suite 2500Florida street address (P.O. Box **NOT** acceptable)Jacksonville FL 32202

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)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Roberta A. Goes

3948 3rd Street South, 389

Jacksonville Beach, Florida 32250

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(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.)

Robert A. Leapley, Jr., Esq., Authorized Representative for Roberta A. Goes

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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