## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000219076 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

L. SELLERS

OCT 1.4 2009

From:

Account Number : 076077003231 : (561)650-0471

Fax Number

Phone

: (561)650-0431

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, EXAMINER

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### SPYGLASS PARTNERS GP, LLC

	10: 12:	STATE: Lorid <b>a</b> n	Certificate of Status	0
			Certified Copy	1
			Page Count	04
			Estimated Charge	\$155.00
		Out		

iling Menù

Corporate Filing Menu

H09000219076 3

# ARTICLES OF ORGANIZATION OF SPYGLASS PARTNERS GP, LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

#### ARTICLE I Name

The name of the Limited Liability Company is "SPYGLASS PARTNERS GP, LLC".

# ARTICLE II Address

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

#### Principal Office Address:

Mailing Address:

121 West Clark Street Quincy, FL 32351

P.O. Box 977 Quincy, FL 32353

# ARTICLE III Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

DEBORAH H. WHIDDON 121 West Clark Street Quincy, FL 32351

# ARTICLE IV Management

The Limited Liability Company is to be managed by one or more members as is, therefore, a member-managed company.

FILEU

H09000219076 3

H09000219076 3

#### **ARTICLE V** Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date:

August 24, 2009

Representative

H09000219076 3

#### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That SPYGLASS PARTNERS GP, LLC desiring to organize under the laws of the State of Florida, has named DEBORAH H. WHIDDON, located at 121 West Clark Street, Quincy, FL 32353, as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGMENT:**

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.

DEBORAH H WHIDDON

P:\DOCS\13966\00002\DOC\16D0276.DOC