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(Bu	siness Entity Name	<del>?</del> )
(Do	cument Number)	
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Special Instructions to	Filing Officer	1
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DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

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**EXAMINER** 



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ION SERVICE COMPANY.	, (S)
ACCOUNT NO. : 12000000195	JULY 22
REFERENCE: 164329 4304990	,'\ .'\
AUTHORIZATION: Spulsele man	2
COST LIMIT : \$ 125.00	
ORDER DATE : October 22, 2009	
ORDER TIME : 1:14 PM	
ORDER NO. : 164329-005	
CUSTOMER NO: 4304990	
DOMESTIC FILING	
NAME: 631 SOUTHARD LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XXX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XXX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Matthew Young - EXT. 2962

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	E Co
631 SOUTHARD LLC	·
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
631 Southard Street	631 Southard Street
Key West FL 33040	Key West FL 33040
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Corporation Service Con	npany
1201 Hays Street	ess (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State, an	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Corporation Service Co	mpany Matthew Young as its agent

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGR Frank W. Smith  MGR Marian Smith  Winslow Smith
MGR Marian Smith  Winslow Smith
Winslow.Smith
(Use attachment if necessary)

**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.)

Kimberly E. Cohen, authorized representative

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)