

02-01-2010

09:39AM

FROM GRAY ROBINSON

863-688-8771

T-375

P.000/000

F-141

L100000 11975

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : 120000000092
Phone : (863) 284-2200
Fax Number : (863) 688-9771

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
COUNTY LINE PROPERTY, LLC

Certificate of Status	<input checked="" type="checkbox"/>
Certified Copy	0 /
Page Count	03
Estimated Charge	\$130.00

155.00

S. HAWKES

FEB 2 2010

EXAMINER

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02-01-2010 09:38AM FROM GRAY ROBINSON

863-688-9771

T-375 P 002/006 F-141



February 1, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAY ROBINSON, P.A.

SUBJECT: COUNTY LINE PROPERTY, LLC
REF: W10000004793

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
Registration/Qualification Section

FAX And. #: E10000020546
Letter Number: 110A00002493

RECEIVED
10 FEB - 1 PM 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

02-01-2010 09:08AM FROM GRAY ROBINSON

GRAY ROBINSON
ATTORNEYS AT LAW

Christopher M. Fear

863-284-2205

CMFAR@GRAY-ROBINSON.COM

February 1, 2010

863-688-9771

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ONE LAKE MORTON DRIVE (33801)

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Ms. Suzanne Hawkes
Regulatory Specialist II
Registration/Qualification Section
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: County Line Property of Polk County, LLC
Ref Number: W10000004793
Fax Aud. #: H10000020546
Letter Number: 110A00002493
Client-Matter No. 410574.1

Dear Ms. Hawkes:

Pursuant to your FAX dated February 1, 2010 (copy attached) regarding the above referenced entity, I have added "of Polk County" to the end of County Line Property, LLC to make it distinguishable from any of the existing names already on file, have included the street address of the principal office on page 1, and I attach the revised Articles of Organization. If you find these changes to be satisfactory, please file the attached Articles of Organization and return the certified copy to me at the earliest possible time.

Of course, if you have any questions, please do not hesitate to call me.

Very truly yours,


Christopher M. Fear

CMF/hmd

Enclosures

02-01-2010 09:38AM FROM-GRAY ROBINSON

863-689-9771

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**ARTICLES OF ORGANIZATION
OF
COUNTY LINE PROPERTY OF POLK COUNTY, LLC**

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of the Limited Liability Company is COUNTY LINE PROPERTY OF POLK COUNTY, LLC.

**ARTICLE II
PRINCIPAL OFFICE**

The mailing address of the principal office of the Limited Liability Company is Post Office Box 6558, Lakeland, FL 33807-6558, and the street address of the principal office of the Limited Liability Company is 625 Commerce Drive, Suite #106, Lakeland, FL 33813.

**ARTICLE III
DURATION**

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

**ARTICLE IV
PURPOSE**

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be manager-managed. The name and address of the

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Initial Manager is:

Steven T. Moore
Post Office Box 6558
Lakeland, Florida 33807-6558

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is 625 Commerce Drive, #106, Lakeland, Florida 33813, and the name of the initial registered agent of the Limited Liability Company at that office is Steven T. Moore.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Manager, has executed these Articles of Organization this 26 day of January, 2010.


STEVEN T. MOORE

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863-686-8771

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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **COUNTY LINE PROPERTY OF POLK COUNTY, LLC.**

2. The name and street address of its initial Registered Agent and initial Registered Office are:

Steven T. Moore
625 Commerce Drive, #106
Lakeland, Florida 33813

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.

STEVEN T. MOORE

Date: January 26, 2010

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