

L10000067012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

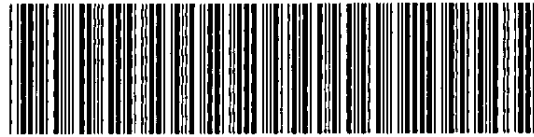
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500182138555

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 22 PM 2:42

B. KOHR

JUN 23 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2010

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: ORANGE BLOSSOMS PROPERTIES, LLC
Ref. Number: W1000029873

RECEIVED
DIVISION OF CORPORATIONS
10 JUN 22 PM 2:42

RESUBMIT
Please give original
submission date as file date.

We have received your document for ORANGE BLOSSOMS PROPERTIES, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 510A00015416

RECEIVED
10 JUN 23 PM 1:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 22 PM 2:42

ACCOUNT NO. : I20000000195
REFERENCE : 423937 4720791
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : June 22, 2010
ORDER TIME : 11:43 AM
ORDER NO. : 423937-005
CUSTOMER NO: 4720791

RESUBMIT
Please give original
submission date as file date.

DOMESTIC FILING

NAME: *OPF* ORANGE ~~PROPERTIES~~ PROPERTIES,
LLC

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RECEIVED
SECRETARY OF STATE'S
DIVISION OF CORPORATIONS
10 JUN 22 PM 2:42

ARTICLE I - Name:

The name of the Limited Liability Company is:

CODE ORANGE PROPERTIES, 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:

9021 Wire Road
Zephyrhills, FL 33540

Mailing Address:

P.O. Box 1148
Hammonton, NJ 08037

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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..

Corporation Service Company

BY: Sue G. Knight

Registered Agent's Signature (REQUIRED)

Sue G. Knight
as its agent

(CONTINUED)

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

Robert Capoferri

500 N. Egg Harbor Road

Hammonton, NJ 08037

(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 Capoferri, Managing Member

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)