## ~L100000 76620

(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:	
A. LUNT	
A. LUNI	
JUL <b>2 1</b> 2010	
EXAMINER	

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Lakelar	nd Central Business Par	k, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
John A. Rode	da		
		Name of Person	
		Firm/Company	·
		Company	
250 E Highla	nd Dr	Address	
		Address	
Lakeland, FL	33813		24. 强
		y/State and Zip Code	ALL AHA
john@roddac	onstruction.com	for future annual report notification)	خدم.
		•	SEE. 9
For further information	concerning this matter, please	e call:	
John A. Rodda		at ( 863 ) 669-0990	PRIOR TO
Name	of Person	Area Code & Daytime Telephone Num	not
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	△\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is:		
	I Business Park, LLC st end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		ncipal office of the Limited I	iability Company is:
Principal Office A	ddress:	Mailing Address:	
250 E Highland Dr		250 E Highland Dr	
Lakeland, FL 33813		Lakeland, FL 33813	
business entity with an a	ctive Florida registration.) Torida street address of the re John A. Rodda	ered Agent. You must designate an indi	2848 JUL 19 SECKETARY FALLAHASSE
	Name		
	250 E Highland Dr		HASSEE
		ress (P.O. Box NOT acceptable)	T I
	Lakeland, FL 33813	FL	LORN T
	•	te, and Zip	
liability compan registered agent an statutes relating to	ny at the place designated in th d agree to act in this capacity o the proper and complete per	ccept service of process for the is certificate, I hereby accept i . I further agree to comply wit formance of my duties, and I d tered agent as provided for in	the appointment as th the provisions of all am familiar with and

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:		
Mgr	_	John A. Rodda  250 E Highland Dr  Lakeland, FL 33813		- -
Mgr		Jerry Herring  2235 Collins Lane  College Herring	TALLA PALLA	230 JU
<del></del>	_		ASS E	JL 19 PK
<del></del>			ORIDE	<del></del>
(Use attachment  ICLE V: Effective	date, if other than the d	late of filing: 7/5/0	. (OPTIC	
		specific and cannot be more than five t	Jusiness	days p
effective date is list	ate of filing.)	specific and cannot be more than five t	ousmess	days p
effective date is lis 90 days after the da	ate of filing.)  GNATURE:	A-220	_	days pi
effective date is lis 90 days after the da	Signature of a member of landscordance with sections.	or an authorized representative of a member ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjur	 r.	days pi

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)