

L11000026525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

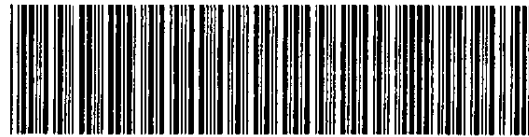
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR - 3 2011

EXAMINER

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: GHOST 538, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: 429 E. Timberlane – Office, Lakeland, FL 33801

b: Street Address: 429 E. Timberlane – Office, Lakeland, FL 33801

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

\_\_\_\_\_  
LYLE FLING

Name

\_\_\_\_\_  
429 E. Timberlane - Office

Florida street address (Post Office Box **NOT** acceptable)

\_\_\_\_\_  
Lakeland, FL 33801

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.*

\_\_\_\_\_  
  
Registered Agent's Signature

**ARTICLE IV – Management (Check applicable box)**

\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

  X   The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

\_\_\_\_\_  
  
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.)

\_\_\_\_\_  
LYLE FLING

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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