

L11000026530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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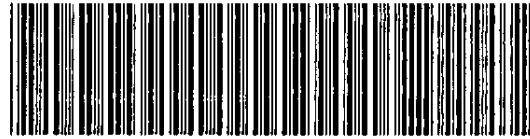
(Business Entity Name)

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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 508, 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

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