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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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ertified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	

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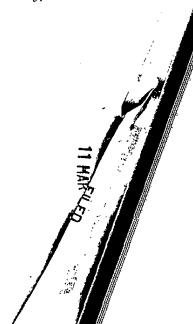
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EXAMINER



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DEFRICTMENT OF STATE OF STATE



CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	erly CCRS)					
FILING COVER S ACCT. #FCA-14	SHEET						
CONTACT:	Kim Weidenb	ach	THER LA HID: 03				
DATE:	03/04/11						
REF.#:	000638.143953						
CORP. NAME:	PRAETORIA	N OF MAITLAND, LLC					
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION				
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME				
() FOREIGN QUALIFICATION		() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY				
() REINSTATEMENT		() MERGER	() WITHDRAWAL				
() CERTIFICATE OF C	ANCELLATION		1 '				
() OTHER:							
STATE FEES PR	REPAID WIT	TH CHECK# 538789	FOR \$				
		COUNT IF TO BE DEBITE	-				
COST LIMIT: \$							
PLEASE RETUR	RN:						
() CERTIFIED COPY	Y 💢) CE	RTIFICATE OF GOOD STANDING	() PLAIN STAMPED COPY				
() CERTIFICATE O	F STATUS						

Examiner's Initials

ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIABILITY COMPAN

anticles of O	NGANIZATION F	UKFLU	KIDA	TANALI I CAL) ITIAIDIITI	ITT COMPANY
ARTICLE I - Nam	1e:					7
The name of the Lin	mited Liability Comp	any is:				
•						
	Maitland, LLC					
(Mu	st end with the words "Limi	ited Liability	Company	y, "L.L.C.," or	"LLC.")	
ARTICLE II - Add	dress:		•			
The mailing address	s and street address o	f the prin	cipal of	ffice of the	Limited Li	ability Company is:
Principal Office Address:		1	Mailing Address:			
rrincipal Office A	uaress:	•	Manni	g Address:	•	
838 South Parker Drive			838 South Parker Drive			
Florence, SC 2	9501		Flore	ence, SC	29501	
						
ADTICLE III - Da	gistered Agent, Reg	rictored C)ffice	& Davister	od Agentis	e Sianaturo
The Limited Liability Co	mpany cannot serve as its o					
business entity with an a	ctive Florida registration.)					
The name and the F	lorida street address	of the reg	istered	agent are:		
	Kyle Redfearn					
,		Name		· · · · · · · · · · · · · · · · · · ·		
	14416 High Hil	l Pond				
			ss (P.O.	Box <u>NOT</u> ac	ceptable)	
	Tallahassee		FI	32309		
		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 (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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Rex W. Huggins 838 South Parker Drive Florence, SC 29501 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Rex W. Huggins

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

Typed or printed name of signee