

L 1100000 32091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

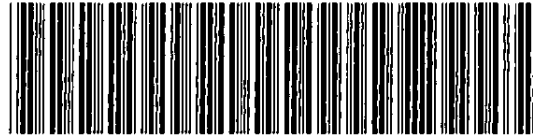
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



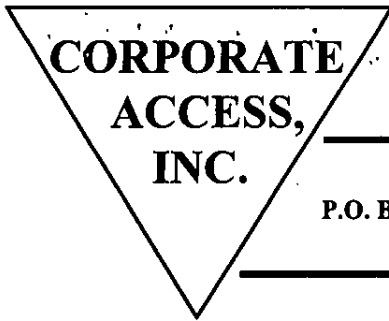
000197640910

03/16/11--01004--022 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 MAR 16 AM 10:23
NOT EXTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR
MAR 16 2011
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 AM 10:50



[When you need ACCESS to the world]

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

3/16 Emily



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

FILED
SECRETARY OF STATE
MAR 16 AM 10:50
TALLAHASSEE, FLORIDA

1.

Florida Management and Administrative Services, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL
INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
FLORIDA MANAGEMENT AND ADMINISTRATIVE SERVICES, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 16 AM 10:50

ARTICLE I

NAME

The name of the Limited Liability Company is **FLORIDA MANAGEMENT AND ADMINISTRATIVE SERVICES, LLC**.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 10151 University Blvd., #227, Orlando, FL 32817-1904.

The street address of the Limited Liability Company's principal office is 1570 Handleman Drive, Oviedo, FL 32765-9511.

ARTICLE III

DURATION


The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is to be managed by the member who is designated, appointed, or elected to act as the managing member in accordance with the Operating Agreement of the Limited Liability Company.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Jeffrey T. Larson, Authorized Representative

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is FLORIDA MANAGEMENT AND ADMINISTRATIVE SERVICES, LLC.

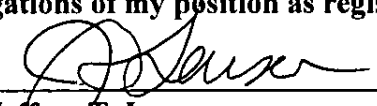
The name and the Florida street address of the registered agent is:

**Jeffrey T. Larson
1570 Handleman Drive
Oviedo, FL 32765-9511**

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.

**FLORIDA MANAGEMENT AND
ADMINISTRATIVE SERVICES, LLC**


By: Jeffrey T. Larson


Jeffrey T. Larson
Registered Agent