# L/1000129302

(Requestor's N	ame)
(Address)	<u>.                                    </u>
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status

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**EXAMINER** 

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SECRETARY OF STATE

### **COVER LETTER**

TO:

**Registration Section** 

50B0ECT:	MANAGEMENT, LL	C
Name of Limit	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Richard M. White		
	Name of Person	
White & Crouch, P.A.		Po: B
	Firm/Company	A A
5303 SW 91st Drive #200		SECRE JAR
	Address	£9.75
Gainesville, FL 32608	_	OF STA
	ty/State and Zip Code	APE RID
mark110985@gmail.com	for future annual report notification)	
For further information concerning this matter, pleas		
Richard M. White	at (352 ) 372-1011	
Name of Person	Area Code & Daytime Telepho	one Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

ARTICL	Æ I -	Name:
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The name of the Limited Liability Company is:

# Zimmerman Land Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
18302 SW 67th Avenue Archer, FL 32618	P O Box 710 Archer, FL 32618
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	ered Agent. You must designate an individual or another egistered agent are:
Name -	SEE O
18302 SW 67th A	venue
Florida street addr	ress (P.O. Box NOT acceptable)
Archer	<sub>FL</sub> 32618
City, Stat	te, 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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		ZBIL NOV 10 SECRE MASS
MGR	Mark L. Zimmerman	NOV 10 PH
	P O Box 710	- SE 6
•	Archer, FL 32618	
		FLS is
		RRING
·		· · · · · · · · · · · · · · · · · · ·
		····
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the	date of filing.	(OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	e specific and cannot be more tha	n five business days prior
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.)

#### Mark L. Zimmerman

Typed or printed name of signee

#### 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)