L 11000 129796

(Requestor's	Name)			
(Address)				
(Address)				
(City/State/Zi	p/Phone #)			
PICK-UP W	AIT MAIL			
(Business Er	ntity Name)			
(Document Number)				
Certified Copies Ce	rtificates of Status			
Special Instructions to Filing Offi	cer:			

Office Use Only

B. KOHR

NOV 1 5 2011

EXAMINER



700214039887

11/15/11--01005--023 **125.00

DEFFAREE TO AND AND TALL OF THE CONTRACT OF TH

RECEIVED

DIVISION OF CORPORATIONS

17 NOV 15 PM 1: 27

CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

6.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

		·	The Control of
		WALK IN	10 miles
	PIC	KUP: 11/15 ana	ر نیا
	CERTIFIED COPY		
Ц	РНОТОСОРУ		
	CUS		
	FILING	<u> </u>	
1.	SOLD NOW,	LIC	
	(CORPORATE NAME AND DOC	UMENT #)	
2.	(CORPORATE NAME AND DOC	IMENT #)	
	(COM OMITE WELL DOOR	COVIDA VI II)	
3.	(CORPORATE NAME AND DOC	UMENT #)	
4.			
2.	(CORPORATE NAME AND DOC	JMENT #)	
<i>5</i> .		DATE OF	
	(CORPORATE NAME AND DOCU	JMEN [#)	
6.	(CORPORATE NAME AND DOCU	JMENT #)	
SDECT!	AL INSTRUCTIONS:		
or from	<u></u>		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLDNOW, 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:

1 NE 1st Avenue STE 301 Ocala FL 34470 1 NE 1st Avenue STE 301 Ocala FL 34470

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jon K. Barber
1 NE 1st Avenue STE 301
Ocala FL 34470

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, Florida Statutes.

Jon K. Barber

ARTICLE IV- Manager(s) or Managing Member(s):

The names and addresses of the Managers are as follows:

Title:

Name and Address:

"MGR"

Jon K. Barber 1 NE 1st Avenue STE 301 Ocala FL 34470

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.)

Jon K. Barber

Typed or printed name of signee