

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000275944 3)))



H110002759443ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN, P.A.
Account Number : 070651000745
Phone : (727) 799-4840
Fax Number : (727) 797-8206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: amie@fcs-inc.org

FLORIDA LIMITED LIABILITY CO.
Codman, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
11 NOV 22 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 NOV 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY
EXAMINER

NOV 23 2011

H11000275944 3

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: **Codman, LLC**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 17347 Kennedy Drive, N. Redington Beach, FL 33708.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

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

Cody G. McRanie
17347 Kennedy Drive N.
North Redington Beach, FL 33708

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.

Cody G. McRanie
Cody G. McRanie, Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

ARTICLE V - MANAGERS

The name and address of each Manager or Managing Member is as follows:

H11000275944 3

FILED
2011 NOV 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:HKG Main Fax

7978206

11/21/2011 17:19

#382 P.003/003

H11000275944 3

Title:

Manager

Name and Address:

Cody G. McRanie
17347 Kennedy Drive
North Redington Beach, FL 33708

Cody G. McRanie
Cody G. McRanie, Manager

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.

Cody G. McRanie
Typed or printed name of signee

FILED
2011 NOV 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000275944 3