## L11000134991

(F	Requestor's Name)	
		_
(/	Address)	.3
( <i>F</i>	\ddress)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(0	Pocument Number)	
	·	
Certified Copies	Certificates of	Status
• —		
Special Instructions to	Filing Officer:	
		ĺ
	<del></del>	

Office Use Only



700214354517

effective date

1-1-2012

TINOV 29 AM LONG 28

ECRETARY OF STATE

LAHASSEE, FLORIDA

C. LEWIS

NOV 3 0 2011

EXAMINER

## **COVER LETTER**

TO:

M.	TO:		ion Section of Corporations		
	oun in	(	SPRINGBOK L	LC	
	SUBJE	.CT: <u>~</u>	Name of Lin	nited Liability Company	
			les of Organization and fee(s) a	•	
	-			Name of Person	
	-			Firm/Company	
	_	3	LAKeusoo	Address	
	_		ocala f	Ewaloa 344	85
	-		_	City/State and Zip Code  Compared to Compare Compared to Compared	53 - 75
	For furt	her informa	tion concerning this matter, plea	ase call:	Page 1
	<u>Q</u> a		ACUTULEACT ame of Person	at ( <u><b>502</b></u> ) <u><b>2980</b></u> Area Code & Daytime Telep	
	Enclose	ed is a chec	ck for the following amount:		
	\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Springer 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 prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3 LAKEUROD CIRCLE OCALA FL 34482	3 Lake wood Cocke Ocala FL 34482
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
City, State,  Having been named as registered agent and to account	SECRETARY OF STATE of SIGNATURE AND ASSET FLORIDA SECRETARY OF STATE of SIGNATURE AND ASSET OF STATE OF SIGNATURE AND ASSET OF SIGNATURE
liability company at the place designated in this registered agent and agree to act in this capacity.  statutes relating to the proper and complete performance the obligations of my position as register	I further agree to comply with the provisions of all promance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

The name and address of each Manager or Managing Member is as follows 11 NOV 29 AM 12: 28

MGR	GARY LIGHTHEART
	3 LAKEWOOD CIRCLE
	Ocada Florida 34482
,	
<del></del>	

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_. (OPTIONAL) (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.)

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)