

#L12000028963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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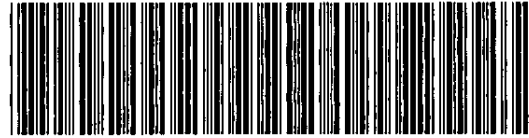
(Business Entity Name)

(Document Number)

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FILED  
12 FEB 28 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 29 2012

**ARTICLES OF ORGANIZATION  
OF  
STRAWBERRI PROPERTIES, LLC.**

FILED  
12 FEB 28 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I  
Name**

The name of this limited liability company ("Limited Liability Company") is:  
**STRAWBERRI PROPERTIES, LLC.**

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 3851 Atlantic Ridge Lane, Grant, Florida 32949-8235.

**ARTICLE III  
Duration**

The Limited Liability Company shall exist for a perpetual duration.

**ARTICLE IV  
Management**

The Limited Liability Company is to be managed by managers, and the names and addresses of the initial managers who are to serve as managers pursuant to the Regulations of the Limited Liability Company ("Managers") until their successors are elected are:

**DONALD E. FOLEY**  
3851 Atlantic Ridge Lane  
Grant, Florida 32949-8235

**VIRGINIA T. FOLEY**  
3851 Atlantic Ridge Lane  
Grant, Florida 32949-8235

The initial managers and all subsequent managers shall serve, be removed, and elected pursuant to the Regulations of the Limited Liability Company.

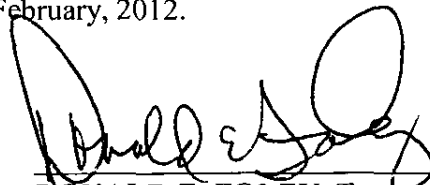
**ARTICLE V**  
**Admission of Additional Members**

Additional members will be admitted only upon the consent of the Members owning a majority of the Membership Units upon such terms as provided in the Regulations.

**ARTICLE VI**  
**Members' Rights to Continue Business**

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.


**IN WITNESS WHEREOF**, we have signed these Articles of Organization and acknowledged them to be our act this 21<sup>st</sup> day of February, 2012.

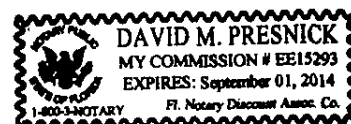
  
\_\_\_\_\_  
DONALD E. FOLEY, Trustee, Member

  
\_\_\_\_\_  
VIRGINIA T. FOLEY, Trustee, Member

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of February, 2012, by **DONALD E. FOLEY** and **VIRGINIA T. FOLEY**, who ☒ are personally known to me or ☐ have produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC



**CERTIFICATE OF DESIGNATION**

**OF**

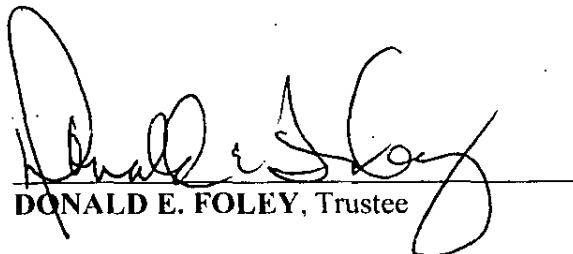
**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **STRAWBERRI PROPERTIES, LLC.**
2. The name and the Florida street address of the registered agent are:

**DONALD E. FOLEY**  
3851 Atlantic Ridge Lane  
Grant, Florida 32949-8235

*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.*

  
DONALD E. FOLEY, Trustee