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SCURETARY OF STATE
TALL AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

MAR 1 6 2012

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Domestic Reps, LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
414 NW Knights Ave #325	414 NW Knights Ave #325
Lake City, FL 32055-7247	Lake City, FĽ 32055-7247
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the reference of the registration.	tered Agent. You must designate an individual or another
Name	
	Drive Stee 3
6352 NW 18th I	Drive Ste 3 💢 🗂 🤠

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..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIREIS)

Gainesville,

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Patrick B. Goldberg	
<del></del>	7311 Fairington Circle	
	Hixson, TN 37343	
MGRM	Eric N. Partee	
	7311 Fairington Circle	
	Hixson, TN 37343	
MGRM	T. Lacy Gifford	Maritan Maritan J. J.
MOTAT	5601 Browntown Road	Emericania,
	Chattanooga, TN 37415	L
	<u> </u>	1,
	RA N	
	2/1/2	
(Use attachment if necessary)		
	the date of filing: (OPTIONAL	
· ·	st be specific and cannot be more than five business days	prior
to or 90 days after the date of filing.)		
DECLUDED CICAL TUDE.		
<u>REQUIRED</u> SIGNATURE:		
Bil		
Signature of a me	ember or an authorized representative of a member.	
-	-	•
constitutes an affirmation of a substitutes an affirmation of a substitute and a substitute	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State Felony as provided for in s.817.155, F.S.)	
<del>-</del>	• •	
Patrick B. (	onanci à	

## 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)

Typed or printed name of signee