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.

(((H12000089960 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing 30 will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: Il9990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

UP Development, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE

APR 0 6 2012

EXAMINER

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M BURR KEIM CO (((H120000899603)))

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
UP Development, LLC	
(Must end with the words "Li	mited Liability Company, "L.U.C.," or "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:
045 Tulloss Road	1045 Tulloss Road
ranklin, TN 37067	Franklin, TN 37067
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as its business entity with an active Plorida registration.)	own Registered Agent. You must designate an individual or another

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

W. Bradley Munroe, Esquire Name 239 E. Virginia Street Florida street address (P.O. Box NOT acceptable) _{FL} 32301 Tallahassee City, State, and Zip

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Scott Fish
	1045 Tulioss Road
	Franklin, TN 37067

(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing:
CLE V: Effective date, if other than the	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: (OPTIONAL) se specific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pri
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CLE V: Effective date, if other than the ffective date is listed, the date must b days after the date of filing.)	be specific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	especific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may be a signature of a member of	or or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are time or as a provided for in a 817.155. F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may be a signature of a member of	per specific and cannot be more than five business days private of a member. 8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are time mation submitted in a document to the Department of States y as provided for in s.817.155, F.S.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Dosignation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)