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T. CLINE

MAY - 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLORIDA TECHNOLOGY DEVELOPMENT LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRAVIS A YELVERTON
Name of Person
FLORIDA TECHNOLOGY DEVELOPMENT CORP LLC
Firm/Company
PO BOX 12576
Address
TALLAHASSEE, FL 32317-2576
City/State and Zip Code
tyelverton@fltechdev.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Travis Yelverton at (850) 321-7555
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

RECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA TECHNOLOGY DEVELOPMENT 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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2836 SAW PALMETTO LN	PO BOX 12576
TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32317-2576

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TO ALLO A MELLICOTONI

TRAVIS A YELVERTON	
Name	
2836 SAW PALMET	TO LN
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL	32309
City, State, an	d 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

R MAY - 1 PM 2: 19
SECRETARY OF STATE
AND ASSESSED IN THE PROPERTY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member (s)

<u>Title:</u>	Name and Address:
"MGR" = Manager	· · · · · · · · · · · · · · · · · · ·
"MGRM" = Managing Mem	ber
MGRM_	TRAVIS A YELVERTON
	PO BOX 13832
	TALLAHASSEE, FL 32317-3832
MGRM	PAUL L VERGAMINI
	PO BOX 12576
	TALLAHASSEE, FL 32317-2576
(Use attachment if necessary)	
LE V: Effective date, if other fective date is listed, the date	than the date of filing: MAY 1, 2012 . (OPTIONA must be specific and cannot be more than five business days
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE:	milleluet
days after the date of filing.) REQUIRED SIGNATURE: Signature of	

constitutes a third degree felony as provided for in s.817.155, F.S.) TRAVIS YELVERTON

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

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)