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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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T. CLINE
JUN -1 2012
EXAMINER

2012 HAY 31 MICHAEL
SECRETARY OF STATE
PARTS AND STATE

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: COU	ntry Way REIT LLO		· · · · · · · · · · · · · · · · · · ·
	Name of Limite	ed Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
Edgar L	. Thurmond		
		Name of Person	
Country	Way REIT LLC		· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
PO Box	494		
		Address	
Newberry	, FI 32669		
		y/State and Zip Code	
louthurmo	ond@gmail.com		
For further information	e-mail address: (to be used in on concerning this matter, please	or future annual report notification) call:	
Edgar L Thurm		at (352) 213-2413	
Nar	me of Person	Area Code & Daytime Telephone Nur	nber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	0 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
• ,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SEGRETARY OF ST

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
Country Way REIT LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
	,
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
25050 W Newberry Rd	PO Box 494
Newberry, FI 32669	Newberry, Fl 32669
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Edgar L Thurmond	
Name	
25325 SW 20 Av	re
Florida street ad	ldress (P.O. Box NOT acceptable)
Newberry	_{FL} 32669
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg Registered Agent's Signal	
(CONTIN	NUED) SS 📑 📜

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:	
MGR	Edgar L Thurmond PO Box 494	
	Newberry, Fl 32669	
MGRM	Edward D Norfleet III	
	PO Box 1487	
	Newberry, Fl 32669	
(Use attachment if necessa		
OTICLE V. Effective date if oth	an the date of filing: (OPTIONAL)	
	nust be specific and cannot be more than five business days pri	or
<u>REQUIRED</u> SIGNATUR		
	Thursday member or an authorized representative of a member.	
_		
constitutes an affir I am aware that an	ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.)	2-mays
Edgar	Thurmond	77

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