

**L12000076512**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

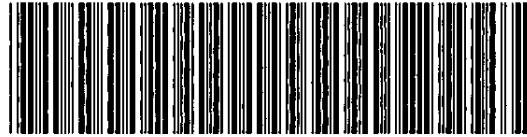
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12 JUN -5 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

JUN -8 2012

**EXAMINER**

LAW OFFICES

SCRUGGS & CARMICHAEL, P.A.

DOWNTOWN OFFICE

ONE S.E. FIRST AVENUE

GAINESVILLE, FLORIDA 32601

TELEPHONE (352) 376-5242

FAX (352) 375-0690

WEST OFFICE:

METROCORP CENTER

4041 N.W. 37TH PLACE

SUITE B

GAINESVILLE, FLORIDA 32606

TELEPHONE (352) 376-5242

FAX (352) 378-9326

☐ REPLY  
DOWNTOWN

☒ REPLY  
WEST OFFICE

SIGSBEE L. SCRUGGS  
1898-1983

PARKS M. CARMICHAEL  
1909-1994

WILLIAM D. PRIDGEON  
1933-1980

MICHELLE VAUGHNS  
1946-1982

WILLIAM N. LONG  
1920-2003

RETIRED

RAY D. HELPLING  
WILLIAM C. ANDREWS  
JOHN F. ROSCOW III  
MITZI COCKRELL AUSTIN

STAN CUSHMAN†  
FRANK P. SAIER  
PHILIP A. DELANEY  
CHARLES W. LITTELL  
JOHN G. STINSON  
RAYMOND M. IVEY  
JEFFREY R. DOLLINGER\*  
JEFFERSON M. BRASWELL  
KEVIN D. JURECKO  
KIRSTIN J. STINSON  
ELIZABETH A. MARTIN  
VIRGINIA E. GRIFFIS  
JESSE CAEDINGTON

\*FLORIDA BAR BOARD CERTIFIED-REAL ESTATE  
†CERTIFIED CIVIL MEDIATOR

OF COUNSEL

KEVIN DALY  
DENNIS J. EISINGER  
EISINGER, BROWN, LEWIS & FRANKEL, P.A.

June 4, 2012

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

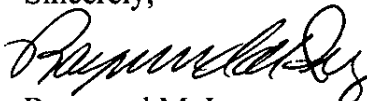
Re: 640 South Walnut, LLC  
1231 East University Avenue, LLC  
3525 Southwest Archer Road, LLC  
517 West Noble Avenue, LLC  
2100 South Byron Butler Parkway, LLC  
2209 North Young Boulevard, LLC  
16050 Northwest Highway 441, LLC  
2693 Blanding Boulevard, LLC  
3750 Northwest 13<sup>th</sup> Street, LLC

Dear Sir or Madam:

In connection with each of the above-referenced limited liability companies, I am transmitting herewith Cover Letters and Articles of Organization. Also enclosed is my check in the amount of \$1,125.00.

Please file the Articles. If you have any questions, please advise.

Sincerely,

  
Raymond M. Ivey

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 640 South Walnut, -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:

Raymond M. Ivey

Name of Person

Scruggs & Carmichael, P. A.

Firm/Company

4041 NW 37th Place, Suite B

Address

Gainesville, FL 32605

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond M. Ivey

Name of Person

at ( 352 ) 376-5242

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
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  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

640 South Walnut, 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:

16050 NW Highway 441  
Alachua, FL 32616

#### Mailing Address:

27 Town Line Road  
Wethersfield, CT 06109

### 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:

Philip A DeLaney

Name

4041 NW 37th Place, Suite B

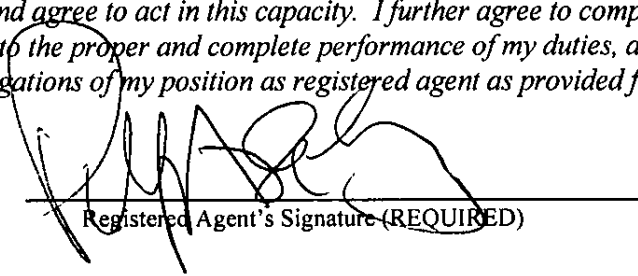
Florida street address (P.O. Box **NOT** acceptable)

Gainesville, FL 32606

City, State, and Zip

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12 JUN -5 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Chowdhury & Hines Chicken, Inc.

27 Town Line Road

Wethersfield, CT 06109

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

  
\_\_\_\_\_  
Typed or printed name of signer

**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)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA