

L12000116611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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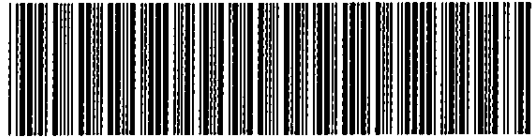
(Business Entity Name)

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C. LEWIS
SEP 12 2012
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MIDFLORIDA LEASING, L.L.C.

Signature _____

Requested by: SETH

09/10/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ✓ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Search _____
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**ARTICLES OF ORGANIZATION
OF
MIDFLORIDA LEASING, L.L.C.
a Florida Limited Liability Company**

ARTICLE I. Name

The name of the Limited Liability Company is: **MIDFLORIDA LEASING, L.L.C.**

ARTICLE II. Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**129 South Kentucky Avenue, Ste. 500
Lakeland, FL 33801**

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**David S. Hand
129 South Kentucky Avenue, Ste. 500
Lakeland, FL 33801**

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.



David S. Hand
Registered Agent's Signature

ARTICLE IV. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

David S. Hand
129 South Kentucky Avenue, Ste. 500
Lakeland, FL 33801

Dated: September 11, 2012

By: 

David S. Hand
Manager

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