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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

ALLAHASSEE FLORI

SEP 2 1 2012

T. HAMPTON

COVER LETTER

	TO:	Registration S Division of C			·
	SUBJE	ECT:	Blox ham Name of Limi	Vantation Conceed Liability Company	truction, LL
	The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
	Please	return all corres	ondence concerning this mat	tter to the following:	
		F	3 = N C. B	Hame of Person	
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		<u> </u>	2735 Mil	Ler Landing	٧٩
				ty/State and Zip Code	
	-	<u> </u>		ton @ anl . Co	
	For furt	ther information	concerning this matter, pleas	e call:	
		Pos N Name	Soyntn of Person	at (\$\frac{50}{\text{Nrea Code & Daytime Telep}}	8712hone Number
	Enclos	ed is a check fe	or the following amount:		
<u> </u>	\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WIELESOF ORGANIZATION FOR PE	ORIDA EIVITTED EIADILI	ATT COMILANT
ARTICLE I - Name: The name of the Limited Liability Company is:		
Rox Lan Plantati (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
2735 Miller Landing Rd Taila HACCEE FI 32312	Some	,
·		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	•
Real	Rounton	
Name	Boynton	
2735 Miller Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
TollaHesse & City, Sta	FL 3L31L—te, and Zip	,
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the I further agree to comply with rformance of my duties, and I an	ne appointment as no the provisions of all no familiar with and
Registered Agent's Signatu	ure (REQUIRED)	 1
(CONTINU	•	12 SEP 21 A
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 Member	Name and Address:
MGRM	Bed C. Boyaton, 2735 Miller Landir Tolla WASSE, Fl 3231
(Use attachment if necessary)	
fective date is listed, the date must be	date of filing: (OPTION specific and cannot be more than five business d
ffective date is listed, the date must be	date of filing: (OPTION specific and cannot be more than five business d
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fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	specific and cannot be more than five business d
rective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	or in authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	or in authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in \$.817.155, F.S.) Deed or printed name of signee
Frective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	or in authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Ded or printed name of signee