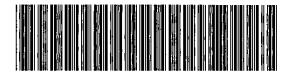
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(Re	equestor's Name)	
•(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



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12/17/12--01012--021 **35.00

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2012 DEC 17 PM 1: 16
SEGRETARY OF STATE
SEGRETARY OF STATE

T. CLINE.
DEC 1 8 2012
EXAMINER

COVER LETTER

Division of C	Section Corporations	"	,
SUBJECT: Placid P	oint Rd., LLC		
50b0201,	Name of Limite	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
Cynthia Ruhl			
		Name of Person	
IWMF			
		Firm/Company	
6144 Clark Ce	enter Avenue		·
		Address	
Sarasota, FL 34		y/State and Zip Code	
Admin@iwmf	com	•	
		or future annual report notification)	
For further informatio	n concerning this matter, please	e call:	
Cynthia Ruhl		at (941) 927-4963	
Nam	e of Person	Area Code & Daytime Telephone	Number
Enclosed is a check	for the following amount:		201 FALS
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	tificate of Satus & tified Copy & satus and titional copy of satus & ti
	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	STARE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
Placid Point Rd., LLC	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6144 Clark Center Avenue	6144 Clark Center Avenue
Sarasota, FL 34238	Sarasota, FL 34238
The name and the Florida street addres The International Walde 6144 Clark Center Ave	enstrom's Macroglobulinemia Foundation, Inc. Name
rionu	a street address (P.O. Box <u>NOT</u> acceptable) Sarasota _{FL} 34238
	City, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position. The International Walds	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S denstrom's Macroglobulinemia Foundation, Inc.
	CONTINUED)

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:

"MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	The International Waldenstrom's Macroglobulinemia
	Foundation, Inc., 6144 Clark Center Avenue,
	Sarasota, FL 34238
•	
effective date is listed, the da	te must be specific and cannot be more than five business days
effective date is listed, the day 90 days after the date of filing REQUIRED SIGNATURE	
effective date is listed, the days of days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any	te must be specific and cannot be more than five business days E:
effective date is listed, the days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any	te must be specific and cannot be more than five business days E: Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)
effective date is listed, the day of days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any constitutes a third d	te must be specific and cannot be more than five business days E: of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)

\$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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