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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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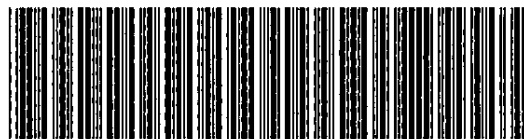
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JAN 14 2013

J. BRYAN



Law Offices of
RICHARD SPICE WHEELER
professional association

555 Winderley Place
Suite 300
Maitland, FL 32751
Office: 407-481-740
Cell: 321-279-1515

Email: richardwheeler26@comcast.net
Web: www.richardspicewheeler.com

Richard Spice Wheeler, B.A., J.D.

Admitted to practice in state and federal courts in New York,
the District of Columbia, and Florida, in the U.S. Tax Court
and the U.S. Circuit Court of Appeals for the Eleventh Circuit

10 January 2013

VIA FEDEX

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

RE: 4301 Neptune Rd Management, LLC

Dear Sir or Madam:

Enclosed for filing are the Articles of Organization for the above-referenced LLC. Also enclosed is my firm's check for \$130 for the required filing fee and \$5 for a certificate of status.

Thank you. If there are any problems in connection with this filing, please call me at (321) 279-1515.

Very truly yours,

Richard S. Wheeler

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DeptState011013.ltr
enclosures

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4301 Neptune Rd Management, 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:

Richard S. Wheeler, Esq.

Name of Person

Law Offices of Richard Spice Wheeler, P.A.

Firm/Company

555 Winderley Place, Suite 300

Address

Maitland, FL 32751

City/State and Zip Code

richardwheeler@earthlink.net

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard S. Wheeler, Esq. at **321** **279-1515**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

4301 Neptune Rd Management, 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:

4301 Neptune Road
St. Cloud, FL 34769

Mailing Address:

4301 Neptune Road
St. Cloud, FL 34769

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:

Richard S. Wheeler, Esq.

Name

555 Winderley Place, Suite 300

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

Maitland, FL 32751

FL

City, State, and Zip

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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

Dr. Frank J. Murray

3101 13th Street

St. Cloud, FL 34769

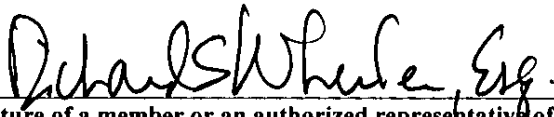
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(Use attachment if necessary)

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.)

Richard S. Wheeler, Esq., as authorized representative of Dr. Murray

Typed or printed name of signee

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)