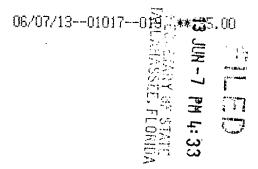
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JUN 10 2013 D. BUTLER

COVER LETTER

Registration Section
Division of Corporations

TO:

Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
John S. Seabold	
	Name of Person
Gerrish McCreary Smith,	PC ST
	Firm/Company
700 Colonial Road, Suite 2	200
A-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Address
Memphis, TN 38117	•
	ty/State and Zip Code
jseabold@gerrish.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
John S. Seabold	at (901) 684-2316
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	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	Street/Courier Address Registration Section Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Blanton Family Propertie	es, LLC		끖	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			NU.	
ARTICLE II - Address:			∸i	
The mailing address and street address	of the principal office of the Limited Lia	bility Comp		
-	of the principal office of the Limited Lia <u>Mailing Address:</u>	ibility Comp	÷:	
The mailing address and street address Principal Office Address: 1826 Capital Circle NE		bility Comp		

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:

ARTICLE I - Name:

Luke H. Blanton

Name

1826 Capital Circle NE

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

Tallahassee

FL 32308

City, State, and Zip

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)

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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		문송 3
MGRM	Luke H. Blanton	
	1826 Capital Circle NE	1
	Tallahassee, FL 32306	
·		.
		<u> </u>
		•
(Use attachment if necessary)		
A TOTAL CLUB AV. DOC. of the day of select them the	- d-40 -F.Cli	· (ODTIONAL)
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than	five business days prior
ţ		
REQUIRED SIGNATURE:	0	
\mathcal{F}_{1}	11 (500=1)	

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.)

Luke H. Blanton

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)