

L13 0000093827 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

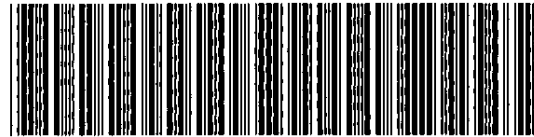
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 1 2013

EXAMINER

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

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TALLAHASSEE, FLORIDA

Account Number FCA000000017

Date: 6-28-13

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

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Corporation Name: 650 Lomond Drive, LLC

Email Address: Sales@healthycoat.net

Entity Number:

Authorization:

Kim Pullen

☒ Articles
☐ Certified Copy

☐ Certificate of Status

☐ New Filings

☐ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☐ Amendments

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: _____ Matter: _____

Name: Diane Mackee Office: TPA

**ARTICLES OF ORGANIZATION
OF
650 LOMOND DRIVE, LLC**

The undersigned, as the authorized representative of the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is 650 Lomond Drive, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 6707 Douglas Ave, Urbandale, IA 50322.

ARTICLE III

Initial Registered Agent and Office

The street address of its initial registered office of the Company is 100 S. Ashley Drive, Suite 400, Tampa, FL 33602-5300, and the name of its initial registered agent at that address is CFRA, LLC.

ARTICLE IV

Organizing Member

The name and address of the organizing member of the Company are:

Name

Scott Graham

Address

6707 Douglas Ave
Urbandale, IA 50322

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TALLAHASSEE, FL 32301

ARTICLE V
Authorized Representative

The name and address of the authorized representative of the organizing member of the Company are:

Name


Cristin C. Keane

Address

4221 W. Boy Scout Blvd.
Suite 1000
Tampa, FL 33607

Dated this 28th day of June 2013.

By: _____


Cristin C. Keane, Authorized Representative

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TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 28th day of June 2013.

REGISTERED AGENT:

CFRA, LLC,
a Florida limited liability company

By: 

Name: Cristin C. Keane

Title: Authorized Representative

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