

Division of Corporations

Page 1 of 1

# L13000129307

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
LLEJ LOT 10, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LLEJ LOT 10, 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:**

**Mailing Address:**

1 Remington Road  
Suite 100  
Little Rock, AR 72204

1 Remington Road  
Suite 100  
Little Rock, AR 72204

**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:

NRAI Services, Inc.  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
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..*

By: NRAI Services, Inc.  
*[Signature]*  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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