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

: (B50)222-1092

Phone 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

SECRETARY OF STATE

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Corporate Filing Menu

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SEP 1 3 2013

9/12/2013

## ٧Y

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Compar	ny is:
LLEJ LOT 10, LLC	
(Musi and with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1 Remington Road	1 Remington Road
Suite 100	Suite 100
Little Rock, AR 72204	Little Rock, AR 72204
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	
	Services, Inc.
•	Name
1200 South	Pine Island Road
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Plantation	PL 33324
Ci	ry, State, and Zip
Having been named as registered agent an	d 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)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Leonard Boon
	1 Remington Road, Suite 100
	Little Rock, AR 72204
	<u> </u>
<del></del>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than to effective date is listed, the date must or 90 days after the date of filing.	he date of filing: (OPTIONAL) ust be specific and cannot be more than five business da )
REQUIRED SIGNATURE:	

Filine 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)

PRICE C. GARDNER

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(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.)

Typed or printed name of signee