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| (Requestor's Name) |
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| |
| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SEURLIANT OF STATE
ALLAHASSEE, FLORIDA

K.SALY EXAMINER SEP 2 0 2013

COVER LETTER

TO:

Registration Section **Division of Corporations**

Ogilvie Holdings Company, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please

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 C | ompany is: |
| Ogilvie Holdings Company, LLC | |
| (Must end with the words | "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address | ess of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 961687 Gateway Blvd., Suite 101H Fernandina Beach, FL 32034 | PO Box 16453 Fernandina Beach, FL 32035 |
| (The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street additional control of the control of | <i>,</i> |
| Larry M Ogilvie | Name P 7 |
| | |
| 961687 Gateway Blv | vd, Suite 101H |
| Flo | rida street address (P.O. Box NOT acceptable) |
| Fernandina Be | ach, FL 32034 |
| | City, State, and Zip |
| liability company at the place des registered agent and agree to act in all statutes relating to the proper a | gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with osition as registered agent as provided for in Chapter 608, F.S |
| | wor |
| Registered A | Agent Signature (REQUIRED) |

(CONTINUED)

Page 1 of 2

| 'MGR" = Manager 'MGRM" = Managing Member | Name and Address: |
|---|--|
| Manager | Larry M Ogilvie |
| | PO Box 16453 |
| | Fernandina Beach, FL 32035 |
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| LE V: Effective date, if other tha | an the date of filing: (OPTION |
| LE V: Effective date, if other that ffective date is listed, the date or 90 days after the date of filing | must be specific and cannot be more than five busin |
| ffective date is listed, the date | must be specific and cannot be more than five busin |
| ffective date is listed, the date or 90 days after the date of filing | must be specific and cannot be more than five busing.) |
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| frective date is listed, the date or 90 days after the date of filing record and the second and | must be specific and cannot be more than five busing.) |
| frective date is listed, the date or 90 days after the date of filing record and the second and | nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| rective date is listed, the date or 90 days after the date of filing records a filing records a reconstitutes an affirmation I am aware that any false constitutes a third degree | nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State |