

L13000152743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

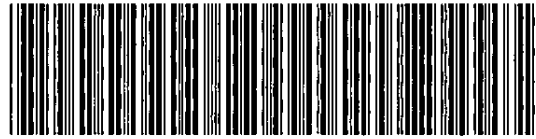
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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10/30/13--01001--020 **160.00

RECEIVED
13 OCT 29 PM 3:38
DIVISION OF CORPORATION

FILED
13 OCT 29 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 30 2013

T. BROWN

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BROOKSVILLE INDUSTRIAL PARK

& BUSINESS CENTER, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Seth _____ 10/29/13 _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROOKSVILLE INDUSTRIAL PARK & BUSINESS CENTER, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LEONARD H. HANDLEY

Name of Person

UNITED COPACK, LLC.

Firm/Company

2609 ORANGE GROVE DRIVE

Address

SEBRING, FLORIDA 33870

City/State and Zip Code

jackhandley@centurylink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARD H. HANDLEY

Name of Person

at (

863- 402-2260

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & 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
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 Company is:

BROOKSVILLE INDUSTRIALPARK & BUSINESS CENTER, 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:

6128 SPRING LAKE HIGHWAY
BROOKSVILLE, FLORIDA 34601

Mailing Address:

6128 SPRING LAKE HIGHWAY
BROOKSVILLE, FLORIDA 34601

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:

LEONARD H. HANDLEY

Name

2609 ORANGE GROVE DRIVE

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

SEBRING FL 33870

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.

Leonard H. Handley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CATHERINE F. VANDER MEADE
6128 SPRING LAKE HIGHWAY
BROOKSVILLE, FLORIDA 34601

MGRM

STEVEN L. VANDER MEADE
6128 SPRING LAKE HIGHWAY
BROOKSVILLE, FLORIDA 34601

MGRM

LEONARD H. HANDLEY
2609 ORANGE GROVE DRIVE
SEBRING, FLORIDA 33870

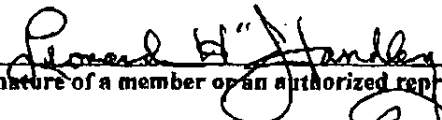
MGRM

DALE VANDER MEADE
6128 SPRING LAKE HIGHWAY
BROOKSVILLE, FLORIDA 34601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-27-2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

LEONARD H HANDLEY

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)