

L14000071354

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 : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
Lonestar Investment Holdings, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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May 1, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOLEY & LARDNER

SUBJECT: LONESTAR INVESTMENT HOLDINGS, LLC
REF: W14000027399

2014 MAY - 1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H14000103842
Letter Number: 314A00009257

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TALLAHASSEE, FLORIDA



FOLEY & LARDNER LLP

ATTORNEYS AT LAW
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FLORIDA 32202-5017
P. O. BOX 240
JACKSONVILLE, FLORIDA 32201-0240
TELEPHONE: 904.359.2000
FACSIMILE: 904.359.8700
WWW.FOLEY.COM

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Total # of Pages (Excluding Cover) 4

To:	850-617-6383
From:	ARMoore@foley.com
Date:	5/1/2014

Delivery Details:

ATTN: TAMMI CLINE Pursuant to your instructions, please find attached a copy of the corrected Articles of Organization for filing (Article IV - "MGR" listed under the entity's name), as well as a copy of your letter of today's date regarding the correction needed. Please contact me if you have questions or require anything further. Thank you in advance for your assistance! Ashley R. Moore 904-359-8776

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CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Fax Audit No. H14000103842

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LONESTAR INVESTMENT HOLDINGS, 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:One Independent Dr., Suite 114
Jacksonville, FL 32202One Independent Dr., Suite 114
Jacksonville, FL 32202

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:

F&L CORP.

Name

One Independent Drive, Suite 1300Florida street address (P.O. Box NOT acceptable)Jacksonville

City

FL 32202

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 605, F.S.

F&L CORP.

Charles V. Hedrick

Registered Agent's Signature (REQUIRED)

By: Charles V. Hedrick, Authorized Signatory

(CONTINUED)

Page 1 of 2

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Edmunson Orange Corp.

MGM

Name and Address:

One Independent Dr., Suite 114

Jacksonville, FL 32202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 30, 2014. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Charles V. H. H. H.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Charles V. Hedrick, Authorized Representative

Typed or printed name of signer

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)