

L14000081140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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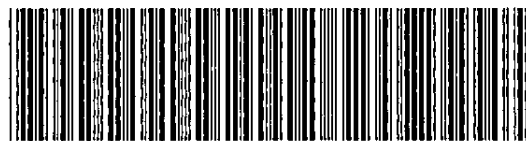
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 135731 4311863

AUTHORIZATION : *Spuddean*

COST LIMIT : \$ 160.00

ORDER DATE : May 16, 2014

ORDER TIME : 11:43 AM

ORDER NO. : 135731-010

CUSTOMER NO: 4311863

FILED  
2014 MAY 19 AM 8:21  
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DOMESTIC FILING

NAME: 8173 ANHINGA ROAD, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

8173 Anhinga Road, 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:**

19653 Indian Mount Road  
Sugarloaf Key, FL 33042

c/o Rowland M. Smith III  
ParenteBeard LLC  
1800 Byberry Road, Huntingdon Valley, PA 19006

**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:

Jeffrey Asplundh

Name

19653 Indian Mount Road

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

Sugarloaf Key

FL 33042

City

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..*

  
Registered Agent's Signature (REQUIRED)

Jeffrey Asplundh

(CONTINUED)

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

MGR

Sugarloaf Key, FL 33042

Sugarloaf Key, FL 33042

Page 2 of 2