Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOWNING LAW OFFICES PA

Account Number : I20120000019 : (407)960-5927

: (407)960-5929

Enter the email address for this business entity to be used for fuctor

grannual report mailings. Enter only one email address please.**

Semail Address: jsmithdmd@gmail.com

FLORIDA LIMITED LIABILITY CO.

2407 St. Andrews Boulevard, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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9/19/2014 2:47 PM

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	DECT: <u>2407 St. Andrews Boulevard !</u> Name of	LC Limited Liability Company		•
	•			
The e	nclosed Articles of Organization and fee(s	e) are submitted for filing.		
Please	e return all correspondence concerning this	s matter to the following:		
	Harold L. Downing	•	- <u>-</u> -	
		Name of Person		
	Downing Law Offices, P.A.		至	2014
		Firm/Company	<u> </u>	169
			25	-0
	501 South New York Avenue, S	uite 220 Address		19
		Admess	#S	P
	Winter Park, FL 32789		35	(5)
	**************************************	City/State and Zip Code		5 0 : C
į	smithdmd@gmail.com			•
	E-mail address: (to be	used for future annual report notification)		
For fi	urther information concerning this matter,	please call:		
Haro	old L. Downing z	t (<u>407</u>) <u>960 5927</u>		
	Name of Person	Area Code Daytime Telephone Number		
Enclo	esed is a check for the following amount:			
\$125	.00 Filing Fee & S130.00 Filing Fee & Certificate of Status		of Status & opy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301		

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
2407 St. Andrews Boulevard, LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2407 St. Andrews Boulevard Suite A	2407 St. Andrews Boulevard Suite A Panama City, Florida 32405 Registered Agent's Signature:
Panama City, Florida 32405	Panama City, Florida 32405
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered agent Lustin R. Smith, D.M.D. P.A. Name	egistered Agent. You must designate an individual or
· · · · · · · · · · · · · · · · · · ·	
2407 St. Andrews Boulevard - S Florida street address (P.O. Box N	
Panama City	FL 32405
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance attents of my position as registered agent as provided for in 605, F.S.

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	1
<u> </u>	Justin R. Smith
	2407 St. Andrews Boulevard - Suite A
	Panama City, Florida 32405 . >> ->
	<u> </u>
	127
	<u> </u>
	72
Use attachment if necessary) V: Effective date, if other than the dective date is listed, the date must be filling.)	ate of filing; (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the dictive date is listed, the date must be	ate of filing; (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dictive date is listed, the date must be f filing.) EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dictive date is listed, the date must be f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation us I am aware that any false interestive date in the constitutes are affirmation used to the c	member or an authorized representative of a member. 605.0203 (1) (b), Flerida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State long as provided for in s.817.155, F.S.)
CV: Effective date, if other than the detive date is listed, the date must be filling.) EVI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation us I am aware that any false interestive date of the constitutes are affirmation used.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document deer the penalties of perjury that the facts stated herein are true) formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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