

LP5000003705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

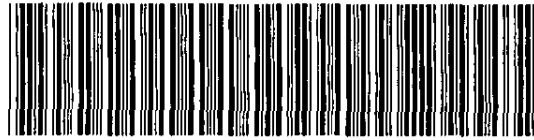
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE  
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STATE DEPT  
WASHINGTON, DC

JAN 08 2015

S. YOUNG

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017  
Date: 1-7-15  
Requestor Name: Carlton Fields Jordan Burt, P.A.  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

15 JAN -7 2015  
FBI  
RECEIVED  
U.S. DEPT. OF JUSTICE

Corporation Name: Between Visits, LLC  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
Entity Number: \_\_\_\_\_  
Authorization: Kim Pullen

☒ Articles  
☒ Certified Copy

☒ Certificate of Status

☒ New Filings ☐ Plain Stamped Copy ☐ Annual Report  
☐ Fictitious Name ☐ Amendments ☐ Registration

( X ) Call When Ready ( X ) Call if Problem ( ) After 4:30  
( X ) Walk In ( ) Will Wait ( X ) Pick Up

CF Internal Use Only

Client: \_\_\_\_\_ Matter: \_\_\_\_\_  
Name: R. Wierenga Office: TPA

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ACCOUNT-FILING COVER SHEET

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15 JAN -7 PM 12:16  
SECRET  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

Corporation Name: Between Visits, LLC  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
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☒ Certificate of Status

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Client: \_\_\_\_\_ Matter: \_\_\_\_\_

Name: R. Wierenga Office: TPA

**ARTICLES OF ORGANIZATION  
OF  
BETWEEN VISITS, LLC**

The undersigned, as the authorized representative of the organizing members of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I**

**Name**

The name of the Company is Between Visits, LLC.

**ARTICLE II**

**Initial Principal Office Street and Mailing Address**

The Company's initial principal office street address and mailing address is 19107 Larchmont Drive, Odessa, FL 33556.

**ARTICLE III**

**Initial Registered Agent and Office**

The street address of the initial registered office of the Company is 100 S. Ashley Drive, Suite 400, Tampa, FL 33602, and the name of its initial registered agent at such address is CFRA, LLC.

**ARTICLE IV**

**Authorized Representative:**

The name and address of the authorized representative of the organizing members of the Company are:

**Name**

James J. Kennedy, III

**Address**

4221 W. Boy Scout Blvd., Suite 1000  
Tampa, FL 33607

Dated this 6<sup>th</sup> day of January, 2015.

AUTHORIZED REPRESENTATIVE:



James J. Kennedy, III

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 6<sup>th</sup> day of January 2015.

### REGISTERED AGENT:

CFRA, LLC

By:   
James J. Kennedy, III

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STATE OF  
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