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| (Re                       | questor's Name)   |           |
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| (City                     | y/State/Zip/Phone | e #)      |
| PiCK-UP                   | WAIT              | MAIL      |
| (Bus                      | siness Entity Nan | ne)       |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | Filing Officer:   |           |
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TALLAND SSEE, FLORING

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## **COVER LETTER**

|                      | tion Section<br>of Corporations                  |                   |   |  |
|----------------------|--|-------------------|---|--|
| Phip<br>SUBJECT:     | ops Road, LLC                                    |                   |   |  |
| 5000ETT              | Name of  | f Limited Liabil  | ity Company                                 |  |
| The enclosed Arti    | cles of Organization and fee(s                   | s) are submitted  | for filing.                                 |  |
| Please return all co | orrespondence concerning thi                     | s matter to the f | following:                                  |  |
| Carro                | ll Keen  |                   |   |  |
|                      |  | Name of           | Person                                      |  |
|                      |  | Firm/Co           | mpany                                       |  |
| <b>2</b> 970 P       | hipps Rd   |                   | , ,   |  |
|                      |  | ∧ddr              | ess   |  |
| Aubu                 | rndale, FL 33823                                 |                   |   |  |
| cookta               | k@aol.com  | City/State an     | d Zip Code                                  | <del>.</del>   |
|                      | E-mail address: (to be t                         | used for future a | nnual report notificati                     | on)  |
| For further informat | ion concerning this matter, pl                   | lease call:       |   |  |
| Will H               |  | 863               | 271-7110                                    |  |
| <del>=;;</del>       | Name of Person                                   | Area Code         | Daytime Telephone                           | e Number   |
| Enclosed is a chec   | k for the following amount:                      |                   |   |  |
| \$125.00 Filing Fe   | e \$130.00 Filing Fee &<br>Certificate of Status | Certific          | 0 Filing Fee & ed Copy al copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                      | Mailing Address                                  |                   | Street Address                              |  |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Phipps Road, LLC   |   |  |               |
|--|---|--|---------------|
| (Must end  | with the words "Limited Liab  | oility Company, "L.L.C.," or "LLC.")                 |               |
| RTICLE II - Address:<br>The mailing address and street a   | address of the principal office   | of the Limited Liability Company is:                 |               |
| <u>Princi</u>  | pal Office Address:   | Mailing Addres                                       | <u>is</u> :   |
| 2970 Phipps Rd   |   | 2970 Phipps Rd                                       |               |
| Auburndale, FL 338   | 323   | Auburndale, FL 33823                                 |               |
| ARTICLE III - Registered Ag  | gent, Registered Office, & R  | egistered Agent's Signature:                         |               |
| The Limited Liability Company<br>another business entity with an   | y cannot serve as its own Reg<br>active Florida registration.)  | stered Agent. You must designate an indiv            | OCT 15        |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street | y cannot serve as its own Reg<br>active Florida registration.)  address of the registered age                                 | stered Agent. You must designate an indiv<br>nt are: | OCT 15        |
| (The Limited Liability Company<br>another business entity with an  | y cannot serve as its own Reg active Florida registration.) address of the registered ages  Carroll Keen                      | stered Agent. You must designate an indiv<br>nt are: | OCT 15 PY 12: |
| (The Limited Liability Company<br>another business entity with an  | y cannot serve as its own Reg active Florida registration.) address of the registered ages  Carroll Keen  Na                  | istered Agent. You must designate an indivint are:   | OCT 15        |
| (The Limited Liability Company<br>another business entity with an  | y cannot serve as its own Reg active Florida registration.)  address of the registered ages  Carroll Keen  Na  2970 Phipps Rd | istered Agent. You must designate an indivint are:   | OCT 15 PY 12: |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  |  |
| "MGR" = Manager   |  |
| MGR   | Carroll Keen   |
|   | 2970 Phipps Rd   |
|   | Auburndale, FL 33823   |
| MGR   | Sharon Keen  |
|   | 2970 Phipps Rd   |
|   | Auburndale, FL 33823   |
|   |  |
| ·····   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| (Use attachment if necessary)   |  |
| EV: Effective date, if other than fective date is listed, the date mu of filing.) I the date inserted in this block do  | the date of filing:  |
| EV: Effective date, if other than fective date is listed, the date mu of filing.)   | est be specific and cannot be more than five business days prior to or 90 d<br>best not meet the applicable statutory filing requirements, this date will not b  |
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| EV: Effective date, if other than fective date is listed, the date mu of filing.) The date inserted in this block doment's effective date on the Dep. EVI: Other provisions, if any.  REQUIRED SIGNATURE:   | est be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be artment of State's records.  |
| EV: Effective date, if other than fective date is listed, the date mu of filing.) I the date inserted in this block doment's effective date on the Dep. EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document if am aware that | set be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not bust artment of State's records.  |
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)