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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

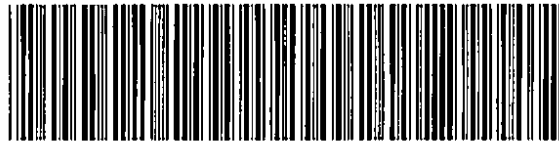
(Business Entity Name)

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FEB 12 2018
T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ON SECOND, LLC

Signature _____

Requested by: BA

2/12/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

**ARTICLES OF ORGANIZATION
FOR
20 ON SECOND, LLC**

The undersigned authorized representative, acting pursuant to Chapter 605, *Florida Statutes*, hereby forms a limited liability company in accordance with the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

ARTICLE I. NAME OF THE LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is 20 ON SECOND, LLC.

ARTICLE II. PERIOD OF DURATION; EFFECTIVE DATE

The Limited Liability Company shall exist perpetually, commencing at the date and time of filing of these Articles of Organization, as evidenced by the Florida Department of State's date and time endorsement.

**ARTICLE III. MAILING ADDRESS AND STREET ADDRESS OF
THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY**

The mailing address and street address of the Limited Liability Company is: 56 4th Street, NW, Suite 200, Winter Haven, FL 33880.

**ARTICLE IV. NAME AND STREET ADDRESS OF
INITIAL REGISTERED AGENT**

The name of the initial registered agent of the Limited Liability Company is ALLAN L. CASEY, ATTORNEY AT LAW. The street address of the registered agent for the Company is: 395 Avenue C, NW, WINTER HAVEN, FL 33881.

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, *Florida Statutes*.



Allan L. Casey, Attorney at Law

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ARTICLE V. MANAGEMENT

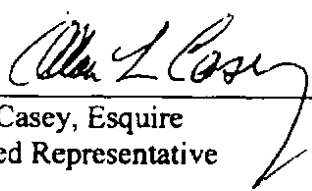
The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

<u>Name and Address</u>	<u>Title</u>
CARL J. (BUD) STRANG, III 56 4 th Street NW – Suite 200 Winter Haven, Florida 33880	Manager
KERRY M. WILSON 56 4 th Street NW – Suite 200 Winter Haven, Florida 33880	Manager
ALLAN L. CASEY 395 Avenue C NW Winter Haven, Florida 33881	Manager
STEVEN E. CRISMAN P.O. Box 1367 Winter Haven, Florida 33882	Manager
WESLEY C. DONLEY 2235 Crump Road Winter Haven, Florida 33884	Manager

ARTICLE VI. PURPOSE

The Limited Liability Company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under Chapter 605 of the *Florida Limited Liability Company Act*.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 2nd day of February, 2018.



Allan L. Casey, Esquire
Authorized Representative

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