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(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
(Orty/State/Zip/Prione #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

то:	New Filing Sect Division of Cor				
cupic	Landmark CT:	Properties of Leon	County, LLC		
SOBSE	C1:	Name o	of Limited Lia	oility Company	
The enc	closed Articles of	Organization and fee	(s) are submitt	ed for filing.	
Please r	eturn all correspo	ndence concerning th	nis matter to th	e following:	
	Daniel E. Ma	anausa			
			Name	of Person	
	Manausa La	w Firm			
		<u> </u>	Firm/	Company	
	1701 Hermi	tage Boulevard, St	uite 100		
			Ac	ldress	
	Tallahassee	, Florida 32308			
			City/State	and Zip Code	
		ausalaw.com	1000		
	ŀ	i-mail address: (to be	used for futur	e annual report notificati	ion)
For furth	er information co	ncerning this matter,	please call:		
	Daniel Mana		850 at (597-7616	
	Nam	e of Person		Daytime Telephon	e Number
Enclose	ed is a check for th	ne following amount			
				2155 00 PHI Paul 8	□\$160.00 Filing Fee.
■ \$12 3	5.00 Filing Fee	□\$130.00 Filing I Certificate of Stat	us Cer	155.00 Filing Fee & tified Copy ional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

. . . .

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:
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The name of the Limited Liability Company is:

Landmark Properties of Leon County, LLC
(Must conatin 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:	
4004 Norton Lane	PO Box 15889	
Suite 202	Tallahassee, Florida 32317	
Tallahassee, Florida 32308		

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:

	Name	• • • • • • • • • • • • • • • • • • • •
1701 Hermitage Boulev	ard, suite 100	
Florida street addres	ss (P.O. Box NOT ac	ceptable)
Tallahassee	Florida	32308

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 preposition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Men	iber
"MGR" = Manager	
MGR	Robert R. Parrish
	4004 Norton Lane, Suite 202
	Tallahassee, Florida 32308
(Use attachment if necessary	,
	Department of State's records.
LE VI: Other provisions, if any	
REQUIRED SIGNATURÉ	}
RESOURED SIGNATURE	<i>i</i>) \
/^ V	
	ture of a member or an authorized representative of a member.
	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	hat any false information submitted in a document to the Department of State
	third downs follows as associated for in a 937-155-17 C
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1.7.1	niel E. Manausa
_+2\^	Typed or printed name of signee
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	Filing Fees:
\$125.00 Filing Fee for Ar	ticles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (6	
\$ 5.00 Certificate of Sta	tus (Optional)