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- (Requestor's Name)	
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- (Business Entity Name)	FILED OCT 30 AN 9: 47 RETARY OF STATE LLAHASSEE. FL
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Certified Copies Certificates of Status	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 1200000019	95
REFERENCE : FIN-72156	
AUTHORIZATION :	T service and the service of the ser
COST LIMIT : \$ 25.00	HAR 30
ORDER DATE : 10/30	
ORDER TIME :	
ORDER NO. :	
CUSTOMER NO:	
DOMESTIC FILING	
NAME: Engel Collins Mill, LLC	
·	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION	17.5

100

- __ CERTIFICATE OF LIMITED PARTNERSHIP ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY _____ PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

Engel Collins Mill, 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:

<u>Principa</u>	Office Address:		Mailing Address:		
951 18th Street South, Birmingham, AL 352		<u> </u>	D. Box 187 mningham, AL 35205	 	ł
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registration	n Registered Agen on.)	ent's Signature: 1. You must designate an individ	HAST 30	
	Corporation Service			AH 9: SEE. F	0
	-	Name		FL	
	1201 Hays Street	_			
Florida street address (P.O. Box NO			acceptable)		
	Tallahassee	FL	32301		
	City	State	Zip		

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.. Corporation Service Company

By Qlot, Charlene Sati / Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

A second s

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authori	zed Member	
"MGR" = Manager		
MOR	Engel Collins Mill Manager, LLC	
	951 18th Street South, Suite 200	
	Binninghum, AL 35205	
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RTICLEV. Effective date	if other than the date of filing: (OPTION APPro	LE CAR
	the date must be specific and cannot be more than five business days prior light 90 d	
he date of filing.)	the date must be specific and cannot be more man are dumined days prioparity 70 d	5
Note: If the date incerted in:	this block does not meet the applicable statutory filing requirements, this date will not	listed as
	e on the Department of State's records.	se nated as
he document's criective date	e on the Department of State & records.	
RTICLE VI: Other provisio	ns if any	
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REQUIRED SIGN		
MISTORIAL STORY	RICKE.	
	At act	
	Signature of a member of an authorized representative of a member.	
This	s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	n aware that any false information submitted in a document to the Department of State	
	stitutes a third degree felony as provided for in s.817.155, F.S.	
COL		
	Man Sadler, Authorized Representative	
	Typed or printed name of signce	
	- / 1	
	Filing Fees:	
S125.00 Filing Fe	e for Articles of Organization and Designation of Registered Agent	

- \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)
- FIN-72156