

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0171
904-222-0171 FAX

800-344-8777



ACCOUNT NO. 072100000032

REFERENCE : 712088 165321A

AUTHORIZATION :

Patricia Pajot

COST LIMIT : \$ 285.00

ORDER DATE : October 18, 1995

ORDER TIME : 3:56 PM

ORDER NO. : 712088

CUSTOMER NO: 165321A

CUSTOMER:

PERSONO

905 E. Choctawhatchee Drive

Niceville, FL 32578

DOMESTIC FILING

NAME: PERSONO ALPHA COMPANY, L.C.

☒ ARTICLES OF ORGANIZATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

T. BROWN OCT 20 1995

RECEIVED

95 OCT 19 PM 9:10

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 OCT 19 PM 4:09

ARTICLES OF ORGANIZATION

FILED
9
SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I:

PersonO Alpha Company, L.C.

ARTICLE II:

905 E. Choctawhatchee Dr.
Niceville, Florida 32578

ARTICLE III:

The period of duration For PersonO Alpha Company, L.C. shall be perpetual

ARTICLE IV:

PersonO Alpha Company, L.C. is to be managed by the members and the names and addresses of the managing members are:

Member: Lee M. Lipscomb
905 E. Choctawhatchee Dr.
Niceville, Florida 32578

Menber: Ruth D. Lipscomb
905 E. Choctawhatchee Dr.
Niceville, Florida 32578

ARTICLE V:

The admission of additional members to PersonO Alpha Company, L.C. will be determined by a majority vote of all existing members at such time as any name is submitted by one of the existing members.

ARTICLE VI:

The rights of the remaining members to continue the business based on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or any other event which terminates the continued membership of a member in PersonO Alpha Company, L.C. is given and shall be understood.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of PersonO Alpha Company, L.C. deposes and says:

- 1) The above limited liability company has at least 2 members.
- 2) The total amount of cash contributed by the member(s) is \$1,000.
- 3) The agreed value of property other than cash contributed by member(s) is \$0.00. A description of the property is attached and is made a part hereto (not applicable).
- 4) The total amount of cash or property anticipated to be contributed by member(s) is \$3,000. This includes amounts from 2 and 3 above.

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Lee M. Lipscomb
President
PersonO Alpha Company, L.C.

(in accordance with section 608.406(3), Florida Statutes the
execution of this affidavit.)

State of Florida
County of Okaloosa

The foregoing instrument was acknowledged before me this 10/16/95 by
Lee M Lipscomb who is personally known to me and who did not take
an oath.

Signed 
Anita L Root (Notary)

ANITA L. ROOT
"Notary Public—State of Florida"
My Commission Expires Oct. 18, 1996
CC 236366

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

PersonO Alpha Company, L.C.

2. The name and address of the registered agent and office is:

Lee M. Lipscomb
PersonO Alpha Company, L.C.
905 E. Choctawhatchee Dr.
Niceville, Florida 32578

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 agree to 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 a registered agent.

Lee M. Lipscomb
signature

16 OCTOBER, 1995
date

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstate: \$738.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

36 JUN 12 AM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE
\$ 263.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000791**

PERSONO ALPHA COMPANY, L.C.
905 E. CHOCTAWHATCHEE DRIVE
NICEVILLE FL 32578

1a. Principal Place of Business Address

905 E. CHOCTAWHATCHEE DRIVE
NICEVILLE FL 32578

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

SAME

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

10/19/1995

3a. State of Formation

FL

4. FEI Number

59-3345031

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

LIPSCOMB, LEE M
905 E. CHOCTAWHATCHEE DRIVE
NICEVILLE FL 32578

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

500001873935

City

06/25/96--01002--016

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM LIPSCOMB, LEE M

905 E. CHOCTAWHATCHEE DRIVE NICEVILLE FL

MGRM LIPSCOMB, RUTH D

905 E. CHOCTAWHATCHEE DRIVE NICEVILLE FL

(Signature)
6/14/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *(Signature)* (LEE M. LIPSCOMB)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/14/96 (904) 897-0222

Date

Daytime Phone #