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FILED

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

97 MAY 12 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: GROWING LEADERS, LC  
(Proposed limited liability company name - must include suffix)

200002175532--5  
-05/12/97--01154--001  
\*\*\*\*337.50 \*\*\*\*337.50

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.  
**Please send one check for the total amount made payable to the Florida Department of State.**

FROM: Bobb Biehl / Nathan Birky  
Name (Printed or typed)

2403 River Tree Circle  
Address

Sanford, FL 32771  
City, State & Zip

317.576.9411  
Daytime Telephone number

NATHAN B. GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT RA DESIGNATION  
DATE 5-16-97  
DOC. EXAM QN

QN 5-15-97

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA LIMITED LIABILITY  
TALLAHASSEE, FLORIDA

GROWING LEADERS, LC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Mail: PO Box 952499, Lake Mary, FL 32795-2499

Street: 2403 River Tree Circle, Sanford, FL 32771

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

**(check and complete the appropriate statement)**

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Bobb Biehl, PO Box 952499, Lake Mary, FL 32795-2499

Nathan Birky, 13356 East 116<sup>th</sup> Street, Fishers, IN 46038-9405

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
GROWING LEADERS, LC \_\_\_\_\_ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 2,000 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 .  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 10,000 .
- 5) the total amounts of 2, 3 and 4 is \$ 12,000 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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STATE  
CLERK  
TALLAHASSEE

**CERTIFICATE OF DESIGNATION OF  
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: \_\_\_\_\_

\_\_\_\_\_  
GROWING LEADERS, LC

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

\_\_\_\_\_  
Nathan Birky

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
2403 River Tree Circle

\_\_\_\_\_  
(P. O. Box NOT ACCEPTABLE)

\_\_\_\_\_  
Sanford, FL 32771

\_\_\_\_\_  
(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.*

\_\_\_\_\_  
  
(SIGNATURE)

\_\_\_\_\_  
5-9-97  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**