

L 99000003009

Requestor's Name  
Address  
City/State/Zip Phone #

500002883515--0  
-05/24/99--01035--004  
\*\*\*\*250.00 \*\*\*\*250.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. POLYCORR LEASING LLC  
(Corporation Name) (Document #)  
2. \_\_\_\_\_ (Corporation Name) (Document #)  
3. \_\_\_\_\_ (Corporation Name) (Document #)  
4. \_\_\_\_\_ (Corporation Name) (Document #)

500002883515--0  
-05/24/99--01035--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
99 MAY 24 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

TWV

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PolyCorr Leasing L.L.C.

## ARTICLE II - Address:

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

6800 Suemac Place  
Jacksonville, Florida

## ARTICLE III - Duration:

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

Perpetual

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## ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Edward W. Buttner IV, 7800 Belfort Parkway, Suite 165, Jacksonville, FL 32256

M. Steven Cropper, 199 Governors Road, Pote Vedra Beach, FL 32982

F. Carl Powell III, 3947 Boulevard Center Drive, Jacksonville, Florida

Timothy W. Volpe, 121 West Forsyth Street, Suite 900, Jacksonville, FL 32202

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon unanimous vote of the members

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

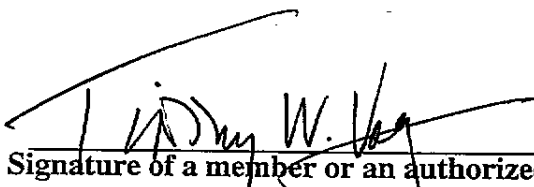
Upon unanimous vote of the remaining members

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of \_\_\_\_\_

PolyCorr Leasing L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 600,000 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 600,000 .

  
Signature of a member or an 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.)

Timothy W. Volpe

Typed or printed name of signee

**FILED**  
99 MAY 24 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$250.00 for Articles and Affidavit**

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

PolyCorr Leasing L.L.C.

2. The name and the Florida street address of the registered agent are:

Timothy W. Volpe

NAME

121 West Forsyth Street, Suite 900


Florida street address (P. O. Box NOT ACCEPTABLE)

Jacksonville,

FL 32202

CITY, STATE AND 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 am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

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

**FILED**  
JAN 24 AM 8:34  
CLERK OF STATE  
TREASURY OF FLORIDA