499000005515



ACCOUNT NO. : 072100000032

REFERENCE: 359994

81219A

AUTHORIZATION:

COST LIMIT : \$ PPI

\$31

ORDER DATE : August 31, 1999

ORDER TIME : 2:47 PM

ORDER NO. : 359994-005

CUSTOMER NO: 81219A

CUSTOMER: Jodie Hamm, Legal Asst

W. WADE WALLACE, ESQUIRE WADE WALLACE, ESQUIRE

Suite 26

10221 Emerald Coast Parkway

Destin, FL 32541

200002975302--5 -09/01/99--01001--010 ****337.50 ****337.50

DOMESTIC FILING

NAME:

LOR LIVEOAK, L.C.

DIVISION OF CORPORATIONS

99 AUG 31 PM 2: 11

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION _____CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

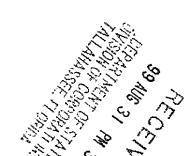
XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

W99-20283

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

Name Availability	WJH
Document Examiner	
Updater	
Uodater Verifyer	
Acknowledge	ment
v. P. Verifye	r





September 1, 1999

CSC

SUBJECT: LOR LIVEOAK, L.C. Ref. Number: W99000020283

We have received your document for LOR LIVEOAK, L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the entity's complete mailing address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 799A00043530



99 SEP - 2 PH IZ: 11

SPECIAL OF STATE

OF STATE OF STATE

OF STATE OF STAT

ARTICLES OF ORGANIZATION OF

LOR LIVEOAK, L.C.

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I NAME AND PRINCIPAL PLACE OF BUSINESS

LOR_LIVEOAK,_

D

The name of the limited liability company shall be L.C., and its principal office shall be located at 1214 US Highway 98 East, Ft. Walton Beach, FL 32548, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate, and the mailing address shall be the same.

ARTICLE II EXERCISE OF POWERS

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this limited liability company shall be managed under the direction of, the members of this limited liability company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the members of the limited liability company.

ARTICLE III MANAGEMENT

Management of this limited liability company is reserved to the members, whose names and addresses are as follows:

Kenneth L. Funderburk	1313 Broad Street	99 ¥
	Phenix City, AL 36868	AÚG
George Copelan	194 Lynda Lane	i
5 5	Pine Mountain, GA 31822	3 PRF
3.0	ARTICLE IV	S S S S S S S S S S S S S S S S S S S
M	EMBERSHIP RESTRICTIONS	

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred, except with unanimous written consent of all members.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

ARTICLE V CAPITAL CONTRIBUTIONS

Capital contributions in the amount of \$200.00 cash shall be paid to the limited liability company by the two (2) members in equal shares. Additional contributions will be made as required for investment purposes, as determined by unanimous consent of the members. Members will make contributions in equal shares.

ARTICLE VI PROFITS AND LOSSES

(a). Profit Sharing. The members shall be entitled to the net profits arising from the operation of the limited liability company business that remain after the payment of the expenses of conducting the business of the limited liability company. Each member shall be entitled to an equal distributive share of the profits or to the distributive share of the profits specified as follows:

e e e al ambarele	50%
Kenneth L. Funderburk	50%
George Copelan	•

The distributive share of the profits shall be determined and paid to the members each year on the anniversary date of the commencement of business of the limited liability company, the month and day of the commencement date being August 31, 1999.

(b). Losses. All losses that occur in the operation of the limited liability company business shall be paid out of the capital of the limited liability company and the profits of the business, or, if these sources are insufficient to cover such losses, by the members in equal shares.

ARTICLE VII DURATION

This limited liability company shall exist until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

ARTICLE VIII INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is 10221 West Emerald Coast Parkway, Suite 26, Destin, FL 32541, and the name of the company's initial registered agent at that address is W. Wade Wallace.

The undersigned, being the original members of the limited liability company, certify that this instrument constitutes the proposed Articles of Organization of LOR LIVEOAK, L.C.

Executed by the undersigned on August 31, 1999.

1

George Copelan

STATE OF FLORIDA COUNTY OF WALTON

Affix Seal:

In compliance with Chapter 608.407(2), Florida Statutes, the undersigned member or authorized representative of a member of LOR deposes and says:

- 1. The limited liability company identified above has at least two members.
- 2. The total amount of cash contributed by the members is \$200.00.

3. The total amount of cash or	r property anticipated to be contributed by the members is
\$200.00.	
	Kenneth L. Funderburk
	George Copelan
OTRATE OF ALABAMA	
STATE OF ALABAMA COUNTY OF <i>RUSSELL</i>	
	and the same and t
The forgoing instrument was a	cknowledged before me this 27th day of August, 1999 by
Kenneth L. Funderburk, (\(\nabla \) who is	personally known to me/() who produced the following
as identification:	
WITNESS my hand and seal this	s 27 day of August, 1999.
•	Rh. A. a. huner
	Type Name: Brenda J. Turner
Affix Seal:	NOTARY PUBLIC
	My Commission Expires: September 17, 2001
01 00 100 0	
STATE OF <u>ALABAMA</u> COUNTY OF <u>RUSSELL</u>	Plan .
	and the same of th
The forgoing instrument was ack	nowledged before me this 27th day of August, 1999 by George
Copelan, () who is personally know	wn to me/() who produced the following as identification:
	249k 1 6 Assessed 1000
WITNESS my hand and seal th	is of / day of August, 1999.

Type Name: Brenda J. Turner

My Commission Expires: September 17, 2001

NOTARY PUBLIC

STATE OF FLORIDA COUNTY OF WALTON

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is LOR LIVEOAK, L.C.

The name of the registered agent for LOR-LIVEOAK of the office where the agent is located is 10221 West Emerald Coast Parkway, Suite 26, Destin, FL 32541.

This statement is to acknowledge that, as indicated above, LOR LIVEOAK. Wade Wallace, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

Dated this the 27th day of August, 1999.

COUNTY OF WALTON	
The forgoing instrument was acknowledge Wallace, () who is personal identification:	owledged before me this Aday of August, 1999 by W. ly known to me/ who produced the following as
WITNESS my hand and seal this	day of August, 1999.

Affix Seal:

STATE OF FLORIDA

Jodie L. Hamm

MY COMMISSION # CC670711 EXPIRES

September 21, 2001

BONDED THRU TROY FAIN INSURANCE, INC.

Type Name:
NOTARY PUBLIC
My Commission Expires: