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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PYLE, DELLINGER & NAYLOR, PLLC
Account Number : I20000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
TWELVE TWENTY-ONE PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
TWELVE TWENTY-ONE PARTNERS, LLC

ARTICLE I - NAME

The name of the limited liability company is TWELVE TWENTY-ONE PARTNERS, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
120 S. Woodland Blvd., Ste. 206
DeLand, Florida 32720

Mailing Address:
120 S. Woodland Blvd., Ste. 206
DeLand, Florida 32720

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

CHRISTOPHER H. KARD
120 S. Woodland Blvd., Ste. 206
DeLand, Florida 32720

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.


CHRISTOPHER H. KARD

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

CHRISTOPHER H. KARD
120 S. Woodland Blvd., Ste. 206
DeLand, Florida 32720

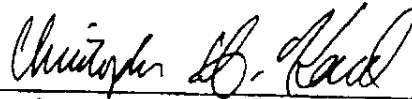
MGR

CHARLES HENRY KARD
P.O. Box 7861
St. Petersburg, Florida 33703

MGR

CHARLES HUDSON KARD
P.O. Box 7132
St. Petersburg, Florida 33734

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

CHRISTOPHER H. KARD

Typed or printed name of signee

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