

L04000001364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

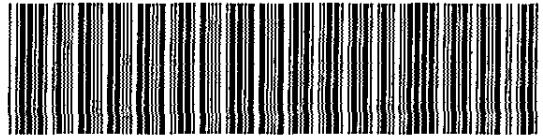
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Untitled

To: Division of Corporations

From: Thomas S Cusick

Please form a LLC for me, I will use this LLC for real estate.
I can be reached at 904-249-8877
35 Fairway Lane
Jacksonville Beach, FL 32250

The name of the LLC is "35 Fairway, LLC"

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 35 Fairway, LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas S. Cusick
(Name of Person)

35 Fairway, LLC
(Firm/Company)

35 Fairway Lane
(Address)

Jacksonville Beach, FL 32250
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Cusick at (904) 249-8877
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

35 Fairway, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

35 Fairway Lane


SAME

Jacksonville Beach, FL

32250

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

 Thomas S. Curick
Name

35 Fairway Lane
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach FLORIDA 32250
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Thomas S. Cusick
35 Fairway Lane
Jacksonville Beach, FL 32250

MGRM

L. Joan Cusick
35 Fairway Ln
Jacksonville Beach FL 32250

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

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

Thomas S. Cusick
Typed or printed name of signer.