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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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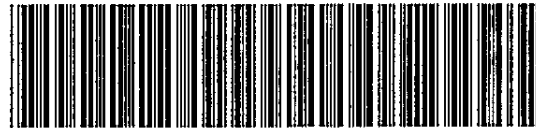
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

W 08/04/04

HONIGMAN

Honigman Miller Schwartz and Cohn LLP
Attorneys and Counselors

Gayle C. Aiken

(313) 465-7208
Fax: (313) 465-7209
gaiken@honigman.com

Via FedEx

August 2, 2004

04 AUG - 3 PM 1:19
DIVISION OF CORPORATIONS
SECRETARY OF STATE

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: RJB Lakeview Associates LLC

Dear Sir/Madam:

Enclosed for filing are the Articles of Organization for RJB Lakeview Associates LLC together with our check in the amount of \$155.00 to cover the filing fee and cost of one certified copy.

The certified copy should be returned to the undersigned.

If you have any questions or problems with regard to this request, please contact the undersigned by telephone call to (313) 465-7208.

Thank you for your assistance and cooperation.

Very truly yours,



Gayle C. Aiken
Legal Assistant

Enclosures
DET_B.436787.1

Jul 30, 04 04:48p
JUL-30-2004 16:13

MIDLAND
HONNIGMAN MILLER SCHWARTZ

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RJB Lakeview Associates LLC

ARTICLE II - Address:

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

Principal Office Address:

9912 Wind Tree Boulevard

Seminole, FL 33772

Mailing Address:

9912 Wind Tree Boulevard

Seminole, FL 33772

04 AUG - 3 PM 1:19
CLERK OF SUPERIOR
COURT OF FLORIDA

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

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

Robert J. Banks

Name

9912 Wind Tree Boulevard

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

Seminole

FLORIDA 33772

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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HONNIGMAN MILLER SCHWARTZ

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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:

MGRM

Robert J. Banks Holdings LLC
9812 Wind Tree Boulevard
Seminole, FL 33772

(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.)

Robert J. Banks, Authorized Representative of Member

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS