

L05000029398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

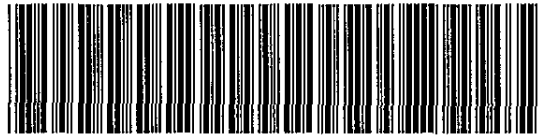
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/24/05--01011--021    \*\*155.00

**EFFECTIVE DATE**  
3/22/05

05 MAR 24 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

05 MAR 24 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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March 24, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

**EFFECTIVE DATE**  
 3/22/05  
**FILED**  
 05 MAR 24 PM 1:48  
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 TALLAHASSEE, FLORIDA

Myrtle Terrace Management, LLC (FILE FIRST)

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

**Retrieval Request**

- Photocopy
- Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

REPTITIVE DATE  
3/22/05  
05 MAR 24 PM 1:48  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: MYRTLE TERRACE MANAGEMENT, LLC

**ARTICLE II - ADDRESS:**

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

PRINCIPAL OFFICE ADDRESS:

c/o Charles M. Kelly, Jr.  
2640 Golden Gate Parkway, Suite 305  
Naples, Florida 34105

MAILING ADDRESS:

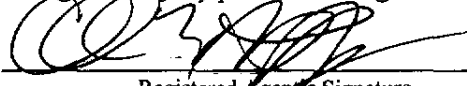
c/o Charles M. Kelly, Jr.  
2640 Golden Gate Parkway, Suite 305  
Naples, Florida 34105

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

**SIGNATURE:** The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.  
Name  
2640 Golden Gate Parkway, Suite 305  
Florida street address (P.O. Box NOT acceptable)  
Naples, Florida 34105  
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, F.S.*

  
Registered Agent's Signature

**ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows ("MGR"= Manager; MGRM = Managing Member):

TITLE:

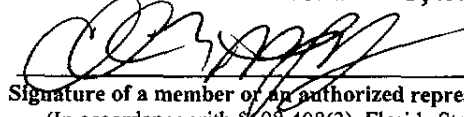
MGR

NAME AND ADDRESS:

LORETTA FOX  
351 21st Avenue South  
Naples, Florida 34102

**ARTICLE V - EFFECTIVE DATE**

The effective date of MYRTLE TERRACE MANAGEMENT, LLC is March 22 2005.



Signature of a member or an authorized representative of a member.  
(In accordance with §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.)

Charles M. Kelly, Jr

**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)