Division of Corporations Public Access System

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MJH

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ROBERTS, SEWARD & COMPANY PA

Account Number: 120040000178 Phone : (813)225-1040 Fax Number : (813)221-3135 JIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Monterey Properties, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing.

Public Access Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |  |
|--|---|--|
| MONTEREY PROPERTIES, LLC   |   |  |
| ARTICLE II - Address: The mailing address and street address of the property o | rincipal office of the Limited Liability Company is:  |  |
| Principal Office Address:  | Mailing Address:  |  |
| P.O. BOX 2640<br>BRANDON, FL 33509-2640  | -SAME-  |  |
| ARTICLE III - Registered Agent, Registered   | i Office, & Registered Agent's Signature:   |  |
| The name and the Florida street address of the   | registered agent are:   |  |
| WILLIAM HUTCHCRAFT   |   |  |
| Name   |   |  |
| 505 E. JACKSON ST., SUITE  | 100   |  |
| Florida street ad  | dress (P.O. Box NOT acceptable)   |  |
| TAMPA  | FL 33602  |  |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po   | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |  |
| Registered Agent   | Hutcheraft SA   |  |
| (CONTIN<br>Page 1 of   |   |  |

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member WILLIAM HUTCHCRAFT MGR P.O. BOX 2640 BRANDON, FL 33509-2640 (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

WILLIAM HUTCHCRAFT

\$ 30.00 Certified Copy (Optional)

\$ 5,00 Certificate of Status (Optional)

Typed or printed name of signee