105000063962

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



800056387238

06/22/05--01021--017 **130.00

05 JUN 22 PM 3: 18

TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT:	40 Berl	shire LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	K. K. Bradley		
	(Name of Person)	-
	40 Berkshire LLC		
	(Firm/Company)	
	PO Box 218		
		(Address)	<u></u> -
	Flagler Beach, FL 32		05 JUN 22 PH 3: SECRETARY OF STA
	(City	/State and Zip Code)	22 ARY ASSE
For further information	concerning this matter, please	call:	PH 3: 1
	Bradley of Person)	at (386) 439-2073 (Area Code & Daytime Te	
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	② \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	
Registration Section Division of Corporations		Registration S Division of Co	
409 E. Gaines Street		P.O. Box 6327 Tallahassee, F	7 -
Tallahassee, Florida 32399		a ananassee, r	101 IUA 343 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
40 Berkshire LLC				
ARTICLE II - Add The mailing address		the principal office of the Limited Liability Company is:		
Principal Office Ac	ddress:	Mailing Address:		
209 N. Daytona Ave		PO Box 218		
Flagler Beach, FL 32	136	Flagler Beach, FL 32136		
	209	Name N. Daytona Ave, reet address (P.O. Box NOT acceptable)		
	Flagler Beach,	State, and Zip		
Having been name liability compan registered agent an	d as registered agent a ry at the place designat	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as		

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Fox Hom Limited LLC PO BOX 218 Flagler Beach, Fl 32136			
	TARE OF JU			
<u> </u>	N 22 P			
	PH 3: 19			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
Signature of a member of	r an authorized representative of a member.			
(In accordance with sectio of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)			
	P. L. Parker, Jr.			
Typed	or printed name of signee			

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)