

SEP-09-2005 13:55

FROM Gray Robinson

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

LIMITED LIABILITY COMPANY
CONDEV REALTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Condev Realty, LLC

ARTICLE II - Address:

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

2479 Aloma Avenue, Winter Park, FL 32792

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

The name and the Florida street address of the Registered Agent and the registered office are:

Jack K. McMullen
301 E. Pine Street, Suite 1400
Orlando, FL 32801

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 - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial managers are as follows:

Robert N. Gardner	Joseph J. Gardner	Andrew M. Gardner	Christopher J. Gardner
2479 Aloma Avenue	2479 Aloma Avenue	2479 Aloma Avenue	2479 Aloma Avenue
Winter Park, FL 32792	Winter Park, FL 32792	Winter Park, FL 32792	Winter Park, FL 32792


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.)

Jack K. McMullen, Authorized Representative
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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