

L05000109856

(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



600060734276

EFFECTIVE DATE  
11/01/05

FILED  
2005 NOV 8 PM 3:39  
TALLAHASSEE, FLORIDA

W05-49921  
J. BRYAN NOV - 4 2005

J BRYAN NOV 14 2005

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SELECT PROPERTIES, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN TAYLOR  
(Name of Person)

SELECT PROPERTIES, LLC.  
(Firm/Company)

PO BOX 1662  
(Address)

CRAWFORDVILLE, FLORIDA 32326  
(City/State and Zip Code)

FILED  
2008 NOV 8 PM 3:39  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KAREN TAYLOR at ( 850 ) 591-9131  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 4, 2005

KAREN TAYLOR  
SELECT PROPERTIES, LLC  
PO BOX 1662  
CRAWFORDVILLE, FL 32326

SUBJECT: SELECT PROPERTIES, LLC  
Ref. Number: W05000049921

FILED  
2005 NOV 8 PM 3:39  
DIVISION OF CORPORATE FILINGS  
TALLAHASSEE, FLORIDA

We have received your document for SELECT PROPERTIES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need the 2nd page of document listing management and signature of a member.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 105A00066296

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

2005 NOV 9 PM 3:39  
JUDICIAL CIRCUIT IN AND FOR  
HALLANDERSSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SELECT PROPERTIES, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

23 TOLKIEN WAY  
CRAWFORDVILLE, FLORIDA 32327

PO BOX 1662  
CRAWFORDVILLE, FLORIDA 32326

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**EFFECTIVE DATE**  
11/01/05

KAREN TAYLOR  
Name

23 TOLKIEN WAY  
Florida street address (P.O. Box **NOT** acceptable)

CRAWFORDVILLE, FL 32327  
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.*

Karen Taylor  
Registered Agent's Signature (REQUIRED)

FILED  
2005 NOV 8 PM 3:39  
JULIA A. WILSON, CLERK  
TALLAHASSEE, FLORIDA

**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

KAREN TAYLOR  
PO BOX 1662  
CRAWFORDVILLE, FLORIDA 32326

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: NOVEMBER 1, 2005. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Karen Taylor*  
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.)

KAREN TAYLOR  
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)