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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ormand Beach Associates, L.L.C. (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:
John Simpson (Name of Person)
(Name of Person)
(Firm/Company)
Horse Shoe NC 28742  (City/State and Zip Code)
(Address)
Horse Shoe NC 28742
(City/State and Zip Code)
For further information concerning this matter, please call:
John Sinks N 824 280 (286
John Singson at (828) 280 6036 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
<u> </u>
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ormond Beach Assoc	ciates, L.L.C.
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:

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

business entity with an active Florida registration.)

Name

Name

Name

Name

73123 S. State Road 7, Suite 240

Florida street address (P.O. Box NOT acceptable)

Bold Ratal FL 33428

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

DIVISION OF CORPORATIONS

OF MAY 26 AM 6. 20

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member m G R M E. Stanley Kroenke 1001 Cherry St. #308 Columbia, MO 65201 m6 RM Gordon Proporty Company XXXI, L.L.C. MBR Michwest Divers, fied Employee Benefit Han & Trast
13123 S. State Read 7 # 240
BOLA Raton, FL 3342B MBR JTS Investment Company of Florida LLC.
23123 S. State Road 7, #240
BOCA RADD FL 33428

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: (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:**

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.)

James N. Gordon, MGRM, Gordon Proprty Co. XXXI, LLC.

Typed or printed name of signee

MGRM, GPC Realty (S.C.) Investments, LLC.

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)

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