

LD9000120779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

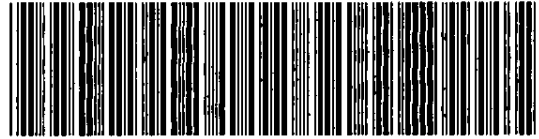
Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAMES A. ALSPAUGH, PLLC
Attorney at Law
1400 Battleground Ave., Ste. 203B
Greensboro, North Carolina 27408
Phone: (336) 378-0160
Fax: (336) 230-0815

December 17, 2009

VIA FEDERAL EXPRESS

Florida Dept of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Oakleaf Properties, LLC

Dear Sir or Madam:

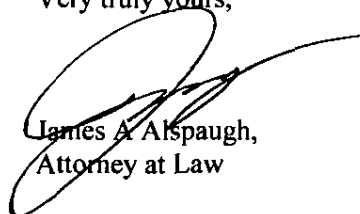
Enclosed please find the following in connection with the above-referenced matter:

1. My Attorney check #4126, in the amount of \$160.00, representing fees for filing the above-referenced limited liability company and having a Certificate of Status and a certified copy of the enclosed documents returned to my office;
2. One original and one copy of the Cover Letter;
3. One Original, executed Articles of Organization for Florida LLC, and one copy; and
4. A return Federal Express envelope.

Please file the enclosed documents and return the certified copies and Certificate of Status, if immediately available, to my office in the prepaid return Federal Express envelope.

Thank you for your assistance and please do not hesitate to contact our office if you should have any questions.

Very truly yours,



James A. Alspaugh,
Attorney at Law

Encls.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oakleaf 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:

James A. Alspaugh
Name of Person

James A. Alspaugh, PLLC
Firm/Company

1400 Battleground Ave, Ste. 203B
Address

Greensboro NC 27408
City/State and Zip Code

wdoggettpmg@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Alspaugh at (336) 378-0160
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Oakleaf Properties, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

41 Angelfish Cay Drive
Key Largo FL 33037

41 Angelfish Cay Drive
Key Largo FL 33037

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:

Monica D Phillips

Name

41 Angelfish Cay Drive

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

Key Largo FL 33037 FL

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.

Monica D. Phillips

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

Monica D Phillips

41 Angelfish Cay Drive


Key Largo FL 33037

(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:


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.)

Monica D Phillips

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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