

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (A.)                    | The same of        |             |
| (Ad                     | ldress)            | •           |
| (Ad                     | ldress)            |             |
| •                       | ·                  |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (P.,                    | siness Entity Nar  |             |
| (Bu                     | Siness Entity ivar | ne)         |
| (Do                     | cument Number)     |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only

G. MCLEOD

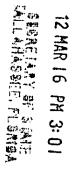
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**EXAMINER** 



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03/16/12--01031--015 \*\*650.00



## **COVER LETTER**

| 10;      | Division of Corporations                    |                             |  |  |
|----------|---|-----------------------------|--|--|
| SURIE    | <sub>CT:</sub> 416 Winners                  | Circle, LL                  | _C   |  |
| 3000     |   |                             | ted Liability Company  | · · · · · · · ·  |
| The end  | closed Articles of Organization             | n and fee(s) are            | submitted for filing.  |  |
| Please   | eturn all correspondence conc               | erning this mat             | ter to the following:  |  |
|          | Fred A. Morrison                            | 1                           |  |  |
|          |   |                             | Name of Person   |  |
| _        | McLin Burnsed                               |                             |  |  |
|          |   |                             | Firm/Company   |  |
|          | Post Office Box 4                           | 91357                       |  |  |
|          |   |                             | Address  |  |
| Į        | eesburg, Florida 3                          | 4749-135                    | 7  |  |
|          |   | Cit                         | y/State and Zip Code   | <u>.</u>   |
| _        | FredM@mclinburnse                           |                             |  |  |
|          | E-mail add                                  | ress: (to be used           | for future annual report notification)   |  |
| For furt | her information concerning th               | is matter, pleas            | e call:  |  |
| Fred     | A. Morrison                                 |                             | at (352 ) 787-1241   |  |
|          | Name of Person                              |                             | Area Code & Daytime Telep  | hone Number  |
| Enclos   | ed is a check for the followi               | ing amount:                 |  |  |
| S125.00  | Filing Fee  \$\sqrt{130.00 F} \\ Certificat | iling Fee &<br>te of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|          | P.O. Box 6                                  | n Section<br>f Corporations | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl | ircle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   |                    |
|--|---|--------------------|
| The name of the Limited Liability Compar   | ny is:                                    |                    |
| 416 Winners Circle, LLC  |   |                    |
| (Must end with the words "Limited  | I Liability Company, "L.L.C.," or "LLC.") | <del></del>        |
| ARTICLE II - Address:  |   |                    |
| The mailing address and street address of  | the principal office of the Limited Lia   | ability Company is |
| Principal Office Address:  | Mailing Address:                          |                    |
| 4223 Bair Avenue   | 4223 Bair Avenue                          |                    |
| Fruitland Park, FL 34731   | Fruitland Park, FL 34731                  |                    |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) |   |                    |
| The name and the Florida street address of   | the registered agent are:                 | <b>18</b> 2        |
| Stanley Bair   |   | 12 MAR 16          |
| Name   |   |                    |
| 4223 Bair Ave  | nue                                       | E R                |
| Florida stro   | eet address (P.O. Box NOT acceptable)     | <u>ြို့</u> မှ 🥫   |
| Fruitland Park, FL 3   | 4731 <sub>FL</sub>                        |                    |
| C  | ity. State, and Zip                       | <b>≫</b>           |

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 (REOURED)

(CONTINUED)

Page 1 of 2

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

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

| "MGR" = Manager   | Name and Address:   |
|---|---|
| "MGRM" = Managing Member  |   |
| MGRM  | Stanley Bair  |
|   | 4223 Bair Avenue  |
|   | Fruitland Park, FL 34731  |
|   |   |
| MGRM  | Vicki S. Bair   |
|   | 4223 Bair Avenue  |
|   | Fruitland Park, FL 34731  |
|   |   |
| <del></del>   |   |
|   |   |
|   |   |
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| (III  |   |
| (Use attachment if necessary)   |   |
|   | (0.000)   |
| LE V: Effective date if other than th   | ne date of filing: OPTION   |
| LE V: Effective date, if other than the fective date is listed, the date must   | ne date of filing: (OPTION be specific and cannot be more than five business date |
| ffective date is listed, the date must  | be specific and cannot be more than five business da                              |
| ffective date is listed, the date must  | be specific and cannot be more than five business da                              |
| ffective date is listed, the date must days after the date of filing.)  | be specific and cannot be more than five business da                              |
| ffective date is listed, the date must days after the date of filing.)  | be specific and cannot be more than five business d                               |
| LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE: | be specific and cannot be more than five business d                               |
| ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Adams                                  | be specific and cannot be more than five business da                              |

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stanley Bair

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)