

L12000053109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

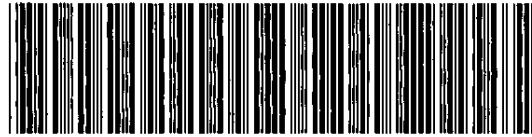
Special Instructions to Filing Officer:

A. LUNT

APR 19 2011

EXAMINER

Office Use Only



500226243035

04/18/12--01009--025 \*\*125.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

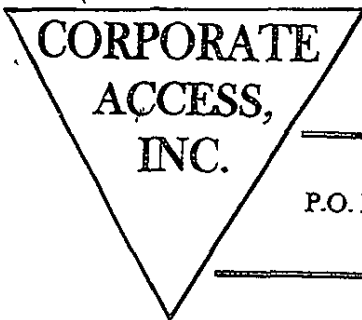
12 APR 18 PM 1:35

RECEIVED

DEPT OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 18 AM 10:01

FILED



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

4/17 Emily

- CERTIFIED COPY
- PHOTOCOPY
- CUS
- FILING

FILED  
2012 APR 18 AM 08:51  
TALLAHASSEE, FLORIDA

LLC

1. Fruits of the Villas, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FRUITS OF THE VILLAS, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

**Mailing Address:**

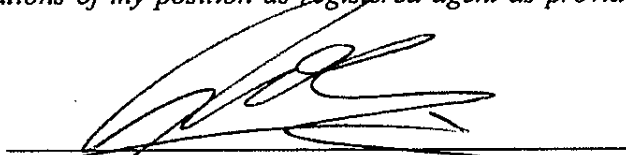
8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

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

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

Leon D. Restrepo  
8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

*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, Florida Statutes.*

  
\_\_\_\_\_  
Leon D. Restrepo

2012 APR 18 AM 10:01  
FILED

FILED

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

The names and addresses of the Managers are as follows:

**Title:**

**Name and Address:**


"MGR"

Leon D. Restrepo  
8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

2012 APR 18 AM 09:21  
STATE OF FLORIDA  
TALLAHASSEE FL 32309

FILED

**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.)

Leon D. Restrepo

Typed or printed name of signee