

L17000200393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

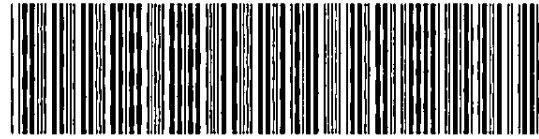
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- CERTIFIED COPY _____
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- FILING LLC _____

- 1. 10 HARBOR ROAD, 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 #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 10 Harbor Road, 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:

Kristina E. Kelly

Name of Person

Diserio Martin O'Connor & Castiglioni LLP

Firm/Company

One Atlantic Street, 8th Floor

Address

Stamford, CT 06901

City/State and Zip Code

haze96@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Kelly at (**203**) **358-0800**
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 SEP 27 PM 5:09**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10 Harbor Road, LLC

(Must contain 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:

**5 Cordoba Court
Palm Coast, FL 32137**

**5 Cordoba Court
Palm Coast, FL 32137**

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:

Gary W. Hayes

Name

5 Cordoba Court

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

Palm Coast, FL 32137

City

State

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 605, F.S.

Gary W. Hayes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
OFFICE OF
FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Gary W. Hayes

5 Cordoba Court

Palm Coast, FL 32137

AMBR

The Marilyn Blackall Wheeler Revocable Trust

c/o Marilyn Blackall Wheeler, Trustee

2735 Polo Island Drive, #K104, Wellington, FL 33414

AMBR

The Kenneth G. Wheeler Revocable Trust

c/o Gary W. Hayes, Trustee

5 Cordoba Court

Palm Coast, FL 31237

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Gary W. Hayes

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0205 (1) (b), Florida Statutes. 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.

Gary W. Hayes

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)

RECEIVED
FILED
17 SEP 27 PM 5:09
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FLORIDA