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Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
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ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporate@zkslawfirm.com

**FLORIDA LIMITED LIABILITY CO.
Big Oaks Community, LLC**

Certificate of Status	0
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BIG OAKS COMMUNITY, 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.

D. SCOTT BAKER, ESQUIRE
Name of Person
ZIMMERMAN, KISER. & SUTCLIFFE, P.A.
Firm/Company
315 E. ROBINSON STREET, SUITE 600
Address
ORLANDO, FLORIDA 32801
City/State and Zip Code
GABE@GMFGRP.COM
E-mail address: (to be used for future annual report notification)

2021 DEC -9 PM 2:18
TALLAHASSEE, FL

For further information concerning this matter, please call:

D. SCOTT BAKER 407 425-7010
Name of Person at () 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIG OAKS COMMUNITY, 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:

315 E. ROBINSON STREET, STE 600
ORLANDO, FL 32801

Mailing Address:

315 E. ROBINSON STREET, STE 600
ORLANDO, FL 32801

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:

D. SCOTT BAKER, ESQUIRE
Name

315 E. ROBINSON STREET, SUITE 600
Florida street address (P.O. Box NOT acceptable)

ORLANDO FLORIDA 32801
City State Zip

2021 DEC -9 PM 2:18
FILED
MILWAUKEE

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.

D. Scott Baker

Registered Agent's Signature (REQUIRED)

(CONTINUED)

