

L04000065643

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

5113 Cliveden, LLC

Certificate of Status	0
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Page Count	014
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX NO.

9/1/2004

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5113 Cliveden, 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:

Luis G. Reyes

(Name of Person)

5113 Cliveden, LLC

(Firm/Company)

8751 Belter Drive

(Address)

Orlando, FL 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis G. Reyes

(Name of Person)

at

(407)

970-7055

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FL

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

5113 Cliveden, LLC

ARTICLE II - Address:

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

Principal Office Address:

8751 Beller Drive

Orlando, FL 32817

Mailing Address:

8751 Beller Drive

Orlando, FL 32817

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

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

Luis G. Reyes

Name

8751 Beller Drive

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

Orlando

FLORIDA 32817

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Luis G. Reyes

Registered Agent's Signature

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(CONTINUED)

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:

MGRM

Luis G. Reyes

8751 Beller Drive

Orlando, Florida 32817

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Luis G. Reyes
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.)

Luis G. Reyes

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)