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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

121 Sea Oats, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

2004 SEP 20 A 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

121 Sea Oats, LLC

ARTICLE II - Address:

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

Principal Office Address:

300 Linden Oaks Office Park

Rochester, New York 14625

Mailing Address:

300 Linden Oaks Office Park

Rochester, New York 14625

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

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FLORIDA 33324

City, State, and 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 608, Florida Statutes.

C T Corporation System

By:

Registered Agent's Signature

SPENCER P. ZIMMERMAN

SPENCER P. ZIMMERMAN

Page 1 of 2
(CONTINUED)

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

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

2004 SEP 20 A 11: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRSWF Realty, LLC
300 Linden Oaks Office Park
Rochester, New York 14625

(Use attachment if necessary)

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

Beth R. Cross, Authorized Representative

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)