# L04000091748

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phone	<del>:</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600042986386

12/20/04--01108 -016 \*\*155.00

04 DEC 20 PN 1: 0
SLEAL AND SEE FLOR



UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

# HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

December 20, 2004

## **CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Company and the Control of the Contr				
22 C	ourtington Land LLC	9 41		
	Filing Evidence  □ Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status		
	□ Certified Copy	□ Certificate of Good Standing		
		□ Articles Only		
	Retrieval Request  Photocopy	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> </ul>		
	□ Certified Copy	□ Other		
	NEW FILINGS	AMENDMENTS		
	Profit	Amendment		
	Non Profit	Resignation of RA Officer/Director		
X	Limited Liability	Change of Registered Agent		
	Domestication	Dissolution/Withdrawal		
	Other	Merger		
		·		
	OTHER FILINGS	REGISTRATION/QUALIFICATION		
	Annual Reports	Foreign		
	Fictitious Name	Limited Liability		
	Name Reservation	Reinstatement		
	Reinstatement	Trademark		

Other

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔI	DТ	ICI.	F	1	. N	้อท	10-
AJ	к.	18.4	æ	1	- 17	20.0	ıĿ.

The name of the Limited Liability Company is:

### 922 COURTINGTON LAND 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:

907 ALBEE ROAD WEST

NOKOMIS, FLORIDA 34275

CO MICHAEL C. ALLEN CPA, PLLC

3000 MARCUS AVENUE - SUITE 3W10

LAKE SUCCESS, NEW YORK 11042

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

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

JOHN SOMMA

Name

907 ALBEE ROAD WEST

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

NOKOMIS, FLORIDA 34275

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, F.S..

Registered Agent's Signature

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:
MANAGER	JOHN SOMMA 907 ALBEE ROAD WEST NOKOMIS, FLORIDA 34275
Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
(In accordance with section of this document constitute that the facts stated here	ran authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penaltics of perjury in are true.)
JOHN SOMMA Typed	or printed name of signoc