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(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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HVISION OF CARCULATION TO THE PROPERTY OF THE

oct 24 2014 J. HARRIS

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJE	CT: <u>12652</u>	Illinois Woods, LLC Name of I	Limited Liability C	Company	
The end	closed Articles	of Organization and fee(s)	are submitted for	filing.	
Please	return all corre	spondence concerning this	matter to the follo	owing:	
	Mark W.	Garrett			
			Name of Pers	son	
	Garrett L	aw Firm, PA			
			Firm/Compa	ny	
	1850 Lee	Road Suite 302	A 11		
			Address		
	Winter Pa	ark, FL 32789	Cin/State and 7:	C	
ma	ark@garrettfir	rm.com	City/State and Zi		
		E-mail address: (to be u	sed for future annu	ual report notifica	ation)
For furt	her informatio	n concerning this matter, p	lease call:		
Mark C	Sarrett	at	(<u>407</u>) <u>6</u>	47-5880 X1	
		ne of Person	Area Code		lephone Number
Enclose	ed is a check fo	or the following amount:			
I \$125,0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section		eet/Courier Add gistration Section	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
12652 Illinois Woods, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
225 Pierce St	225 Pierce St
Staten Island, NY 10304	Staten Island, NY 10304
The name and the Florida street address of the registered Mark W. Garrett Name	
<u>1850 Lee Rd., Suite 302</u>	
Florida street address (P.O. Box	NOT acceptable)
Winter Park	FL 32789
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	rvice of process for the above stated limited liability company at at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the 605, F.S
Registered Agent's Signal	fure (REQUIRED)

(CONTINUED)

Page 1 of 2

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	authorized representative of a member. b), Florida Statutes, the execution of this documer