

CORS
403 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L000000001381

CONTACT: CINDY HICKS

DATE: 2-7-00

REF. #: 0076 bynes

CORP. NAME: Condo Managers, LLC

RECEIVED
00 FEB - 7 PM 4:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

400003126964--6

-02/08/00-01030-001

****155.00 ****155.00

STATE FEES PREPAID WITH CHECK# 6981 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
|--|---|---|

Examiner's Initials _____

Handwritten initials
2-8-00

00 FEB - 7 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FL 32301
FILED

ARTICLES OF ORGANIZATION
FOR
CONDO MANAGERS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is CONDO MANAGERS, LLC.

ARTICLE II - ADDRESS

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

C/o CORPDIRECT AGENTS
103 N. Meridian Street
Lower Level
Tallahassee, FL 32301

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE**

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

CORPDIRECT AGENTS
103 N. Meridian Street
Lower Level
Tallahassee, FL 32301

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.

By 
CORPDIRECT AGENTS
Its Agent, Kevin R. Roberts

ATTEST:
AND
FILED
00 FEB -7 11 8-50
TALLAHASSEE FLORIDA

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be a member managed company.

(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 herein are true.)

By 
CORP DIRECT AGENTS
Its Agent, Kevin R. Roberts

APPROVED
AND
FILED
00 FEB -7 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA