

L00000004066

Requester's Name
2965-S FERNCREEK AVE
Address
ORLANDO -FLORIDA- 32806
City/State/Zip
Phone #
407-8987325

700003201467--5
-04/10/00--01107--001
****160.00 ****160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- MARIGOLD APARTMENTS LTD. CO.
(Corporation Name) (Document #)
- (Corporation Name) (Document #)
- (Corporation Name) (Document #)
- (Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 10 PM 1:01

APPROVED
AND
FILED

RECEIVED
00 APR 10 PM 12:59
NEW FILINGS

Walk in
Mail out

- Pick up time
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

AMENDMENTS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

L00-4066
Q-4-10

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARIGOLD APARTMENTS LTD. CO.

ARTICLE II - Address:

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

2965 STERNCREEK AVE, 32806 ORLANDO
ORANGE COUNTY - FLORIDA

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

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

MANGOLD EVA
Name
2965 S-FERNCREEK AVE
Florida street address (P.O. Box NOT acceptable)
32806 ORLANDO FL
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 APR 10 PM 1:01

APPROVED
AND
FILED

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..

Eva Mangold
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Gabriela Mangold
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.)

MANGOLD GABRIELA
Typed or printed name of signee

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)