

L01000009177

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

FILED
01 JUN -7 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000072225 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : WETHERINGTON, LEFLOCH & HAMILTON, P.A.
Account Number : I19980000062
Phone : (813)225-1918
Fax Number : (813)225-2531

AL

01 JUN -7 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Lemon Bay Haven LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

WETHERINGTON, HAMILTON & HARRISON, P.A.
2625 PARK TOWER
400 NORTH TAMPA STREET
TAMPA, FL 33602
PH: (813) 225-1918
FX: (813) 225-2531

FACSIMILE COVER SHEET

TO: Florida Department of State
Division of Corporations

FROM: Karen for Eugene M. LeFloch

FAX NO.: 850-205-0383

DATE: June 7, 2001

SUBJECT: Forming an LLC

MESSAGE:

FILED
01 JUN -7 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY-PRIVILEGED AND CONFIDENTIAL. INFORMATION INTENDED ONLY FOR THE USE OF THE RECIPIENT INDICATED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE POSTAL SERVICE. THANK YOU.

You should receive 4 pages

01 JUN -7 PM 4:55

TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: LEMON BAY HAVEN LLC

ARTICLE II - Address:

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

3906 EDEN ROE CIR W
TAMPA, FL 33634

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

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

EUGENE M. LEFLOCH
3906 Eden Roe Cir W
Name
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33634
City, State, and Zip

FILED
01 JUN -7 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Eugene M. LeFloch
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)

Eugene M. LeFloch
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.)

EUGENE LEFLOCH
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)
- \$ 3.00 Certificate of Status (OPTIONAL)

LEFLOCH

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LEMON BAY HAVEN LLC

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

EUGENE LEFLOCH
(Name)

3906 Eden Roc Cir. W.
Florida street address (P.O. Box NOT ACCEPTABLE)

Tampa FL 33634
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -7 AM 7:57

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.

Eugene LeFloch
(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)