

# L010000 04605

Carol DeBlasio

Requester's Name

Two North Tamiami Trl., Ste 500

Address

Sarasota FL 34236

City/State/Zip

Phone #

941-951-1800

Office Use Only

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

1. Crestline Villas, LLC

(Corporation Name)

(Document #)

100004560121--7

-08/28/01--01061--014

2.

(Corporation Name)

(Document #)

\*\*\*\*100.00 \*\*\*\*100.00

3.

(Corporation Name)

(Document #)

100004560121--7

-08/28/01--01061--015

\*\*\*\*\*25.00 \*\*\*\*\*25.00

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

### NEW FILINGS

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

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

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

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

Examiner's Initials

8-28-01

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Crestline Villas, LLC

### **ARTICLE II - Address:**

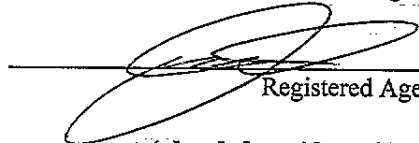
The mailing address and street address of the principal office of the Limited Liability Company is:  
4830 Three Oaks Boulevard  
Sarasota, FL 34233

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

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

James M. Ford  
c/o Camelot Communities  
6300 Queensbury Boulevard  
Sarasota, FL 34241

*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.*

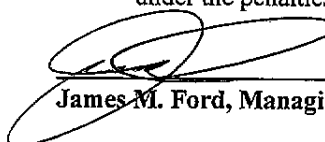
  
\_\_\_\_\_  
Registered Agent's Signature

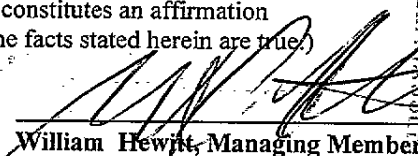
### **Article IV - Management (check box if applicable):**

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

\_\_\_\_\_  
As Manager and authorized representative of the members

(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.)

  
\_\_\_\_\_  
James M. Ford, Managing Member

  
\_\_\_\_\_  
William Hewitt, Managing Member

### **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)

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA