

L020000028772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED

02 OCT 29 PM 1:56

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only



300008570833

10/29/02--01129--008 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 PM 2:10

70-628

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam
DATE: 10-29-02
REF. #: 0409. 10320
CORP. NAME: Audubon Villas LLC

- | | | |
|--|---|---|
| <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: _____ | | |

STATE FEES PREPAID WITH CHECK# 503506 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☐ CERTIFICATE OF STATUS

☐ PLAIN COPY

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 PM 2:10

RECEIVED
02 OCT 29 PM 1:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32302

**ARTICLES OF ORGANIZATION
OF
AUDUBON VILLAS LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **AUDUBON VILLAS LLC**

ARTICLE II: - Address

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

13907 Carrollwood Village Run, Tampa, Florida 33624

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

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

**Gary Fairbanks
13907 Carrollwood Village Run
Tampa, Florida 33624**

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: 
Gary Fairbanks, Registered Agent

ARTICLE IV: - Management

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

By: 
A.G. Rappaport, Manager

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

A.G. Rappaport
Typed or printed name of signee

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 PM 2:10**