

L020000032572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

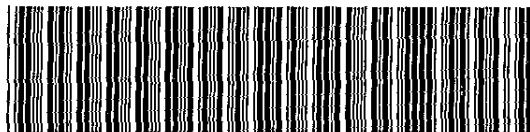
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

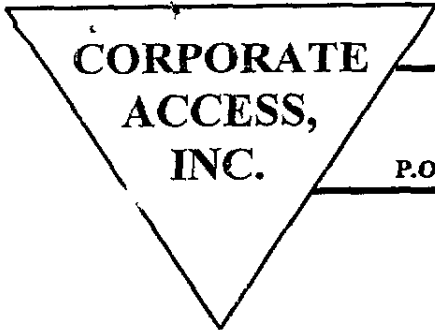


400009279764

12/05/02--01058--020 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC -5 PM 2:24

JP  
12-05-02



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 12-5-02 Kelly

☒ CERTIFIED COPY \_\_\_\_\_

\_\_\_\_\_ CUS \_\_\_\_\_

☒ PHOTO COPY \_\_\_\_\_

☒ FILING Articles

1.) Forest Hall Holdings LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC -9 PM 2:24

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Forest Hall Holdings LLC

**ARTICLE II - Address:**

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

6410 Griffin Blvd.

Ft. Myers, FL 33908

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

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

Richard S. McKinlay

Name

6410 Griffin Blvd.

Florida street address (P.O. Box **NOT** acceptable)

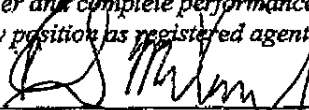
Ft. Myers

FL 33908

City, State, and Zip

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.

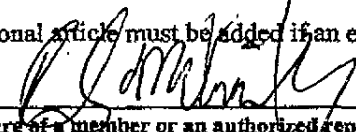
X



Registered Agent's Signature

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

X



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.)

Richard S. McKinlay

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)
- \$ 5.00 Certificate of Status (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC -5 PM 2:24