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Division of Corporations

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To:

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

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

THE TUSCAN, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
OF
THE TUSCAN, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **THE TUSCAN, LLC.**

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **27 S. Orchard Street, Suite B, Ormond Beach, FL 32174.**

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is **Michael A. Pyle, 1265 W. Granada Boulevard, Suite 1, Ormond Beach, Florida 32174.**


IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 10th day of December, 2002.


ANTHONY CONTE
Authorized Representative

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 10th day of December, 2002, by **ANTHONY CONTE** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.




Notary Public
Kristin L. Strother
(Printed Name)
My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.


MICHAEL A. PYLE, Registered Agent

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