L02000	033311
(Requestor's Name) (Address) (Address)	10009365091
(City/State/Zip/Phone #)	12/12/0201085019 **160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 02 DEC 12 PK 12: 41 DIVISION OF CORPORATION
Office Use Only	02 DEC 12 PM 1: 39 FALLAHASSEE, FLORIDA

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Requestor's Name	·····
1965 Capital Circle NE, S	uite A
idress	
Tallahassee, Fl 32308	850-222-2785
ty/St/Zip	Phone #

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**DEC 12 PH 1:39** SELICITARY OF STAT

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

1- ADMIR/	ALS WALK SARASOTA, L.L.C.
2	
3	
4	
X Walk-in	Pick-up time ASAP XXX Certified Copy
Mail-out	Will wait Photocopy XXX Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
Non-Profit	Resignation of R.A., Officer/Director
XXX Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

Examiner's Initials



## ARTICLES OF ORGANIZATION OF ADMIRALS WALK SARASOTA, L.L.C.

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, *Florida Statutes*, does hereby certify as follows:

#### ARTICLE I NAME

The name of the limited liability company is ADMIRALS WALK SARASOTA, L.L.C. (the "Company").

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is 753 E. Glenn Avenue, Auburn, Alabama 36831.

### ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

J. Lindsay Builder, Jr., Esq. 369 N. New York Avenue, 3rd Floor Winter Park, Florida 32789

Having been named as registered agent and to accept service of process for ADMIRALS WALK SARASOTA, L.L.C., 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, *Florida Statutes*.

(In accordance with Section 608.408(3), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of performing that the facts stated herein are true.)

MICHAEL V. SHANNON, authorized representative of a Member