

LO3000019512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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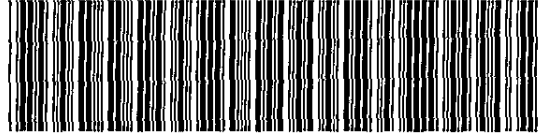
(Business Entity Name)

(Document Number)

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03 MAY 30 AM 11:45
DIVISION OF CORPORATION

LO3-19512
OR



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 112004 80457A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 125.00

ORDER DATE : May 29, 2003

ORDER TIME : 10:51 AM

ORDER NO. : 112004-005

CUSTOMER NO: 80457A

CUSTOMER: Cathy Hames, Secretary
Black, Sims, Burnett And
Birch, L.l.p.
3rd Floor
501 North Grandview Avenue
Daytona Beach, FL 32118

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TALLAHASSEE, FLORIDA

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DOMESTIC FILING

NAME: SPRUCE ESTATES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

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

The name of the Limited Liability Company is:
SPRUCE ESTATES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
P.O. Box 9297, Daytona Beach, FL 32120
street address: 1 Mystic Lake Way, Ormond Beach, FL 32174

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

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

Barry D. Larkins

Name

1 Mystic Lake Way

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

Ormond Beach

FL 32174

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.

Barry D. Larkins
Registered Agent's Signature

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

Barry D. Larkins
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.)

Barry D. Larkins

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)

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