

U03000037407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

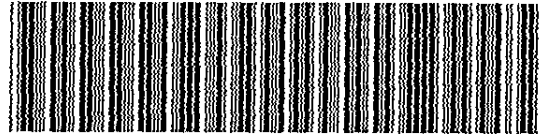
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MJH

SEP 25 2003
TALLAHASSEE FLORIDA

03 SEP 25 PM 1:27

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIMBERWOOD SOUTH, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

JOHN WOOD
(Name of Person)

TIMBERWOOD SOUTH, LLC
(Firm/Company)

1100-4 PONCE DE LEON BLVD
(Address)

ST. AUGUSTINE, FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN WOOD at (904) 826-0096
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
TIMBERWOOD SOUTH, LLC

ARTICLE II - Address:

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

Principal Office Address:

1100-4 PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

Mailing Address:

1100-4 PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

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

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

JOHN WOOD

Name

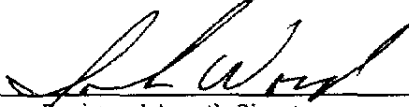
1100-4 PONCE DE LEON BLVD

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

ST. AUGUSTINE FL 32084

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..



Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

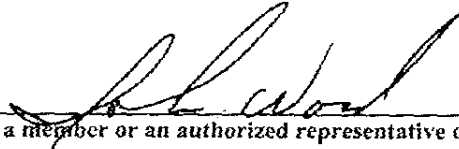
Name and Address:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	JOHN WOOD
	1100-4 PONCE DE LEON BLVD
	ST. AUGUSTINE, FL 32084

(Use attachment if necessary)

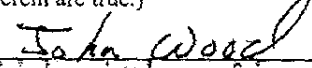
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)



Typed or printed name of signee

- 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)