

L03000050082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

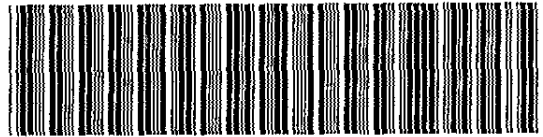
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000025053600

12/04/03--01019--025 \*\*130.00

FILED  
03 DEC -4 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 DEC -4 PM 12:03  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

23K

**GRAY | ROBINSON**  
ATTORNEYS AT LAW

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302-3189  
TEL 850-222-7717  
TEL 850-509-9090  
FAX 850-222-3494  
FAX 850-577-3111  
grayrobinson.com

CLERMONT  
KEY WEST  
LAKE LAND  
MELBOURNE  
ORLANDO  
TALLAHASSEE  
TAMPA

December 4, 2003

Division of Corporations  
George Firestone Building  
409 East Gaines Street  
Tallahassee, FL 32301

**Via Hand Delivery**

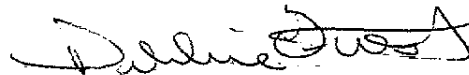
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF INCORPORATION**, along with a check in the amount of **\$130.00** for the applicable filing fees and to obtain a **CERTIFIED COPY** for the following entity:

**TGIM LAKE COUNTY HOMES, LLC**

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Debbie Frost  
Office Administrator

/dyf  
Enclosures

RECEIVED  
03 DEC -4 PM 12:01  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TGIM LAKE COUNTY HOMES, LLC**

**ARTICLE II - Address:**

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

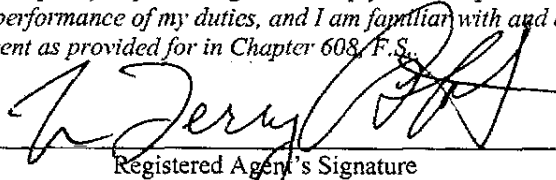
22600 SR 44  
Eustis, FL 32736

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

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

W. Terry Costolo, Esquire  
GrayRobinson, P.A.  
301 East Pine Street, Suite 1400  
Orlando, Florida 32801

*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

**Article IV - Management (Check box if applicable.)**

: The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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



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.)

**Dwayne Walker**

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)

FILED  
03 DEC -4 11 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA