

LO4 0000 12987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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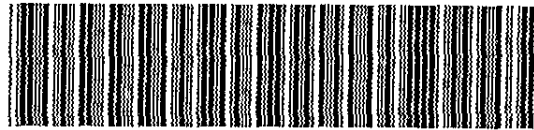
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Villas at Pine Key, 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:

MICHAEL M. DISLER  
(Name of Person)

Trombley, Schommer, Disler & Accorsi  
(Firm/Company)

329 South Commerce Avenue  
(Address)

Sebring, Florida 33870  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael M. Disler  
(Name of Person)

at

(863)385-5139  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE VILLAS AT PINE KEY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

329 South Commerce Avenue

Sebring, Florida 33870

**Mailing Address:**

329 South Commerce Avenue

Sebring, Florida 33870

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

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

MICHAEL M. DISLER

Name

329 SOUTH COMMERCE AVENUE

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

SEBRING, FLORIDA 33870

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, Florida Statutes.*



Registered Agent's Signature  
MICHAEL M. DISLER

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TALLAHASSEE, FLORIDA

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**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 Manager

**Name and Address:**

MGRM                      25%

Michael Secor and Sherry Secor,  
husband and wife  
622 Maravilla Avenue  
Sebring, Florida 33872

MGRM                      25%

Bradley L. Eisenstein  
Linda J. Eisenstein, husband & wife  
4935 NW 119<sup>th</sup> Terrace  
Coral Springs, Florida 33076

MGRM                      25%

Kenneth X. Jagolta and  
Sharon Smith, joint tenants with  
right of survivorship  
4917 NW 119<sup>th</sup> Terrace  
Coral Springs, Florida 33076

MGRM                      25%

Michael M. Disler and Carole A. Disler,  
husband and wife  
3734 Creekside Drive  
Sebring, Florida 33875

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Michael M. Disler*

**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 states herein are true.)

**MICHAEL M. DISLER**

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)

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TALLAHASSEE, FLORIDA

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