

L04000013081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

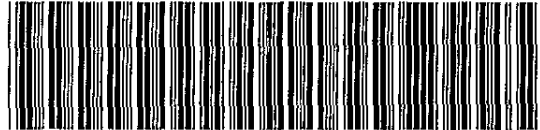
(Document Number)

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

Special Instructions to Filing Officer:

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DIVISION OF CORPORATION

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 18 PM 1:58

*FL 110  
Uned*

**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 850-577-9090  
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FAX 850-577-3311  
gray-robinson.com

CLERMONT  
KEY WEST  
LAKE LAND  
MELBOURNE  
ORLANDO  
TALLAHASSEE  
TAMPA

February 18, 2004

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 ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** of the **ARTICLES OF ORGANIZATION** for the following entity:

**INDIAN PASS APARTMENTS, LLC**

Upon receipt, please "date stamp" the copy of this 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INDIAN PASS APARTMENTS, LLC

ARTICLE II - Address:

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

Mailing Address

1107 Hazeltine Boulevard, Suite 200  
Chaska, Minnesota 55318

Street Address

1107 Hazeltine Boulevard, Suite 200  
Chaska, Minnesota 55318

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

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

Gregg Lehrer

Name

c/o Gray Robinson, P.A., 301 E. Pine Street, Suite 1400

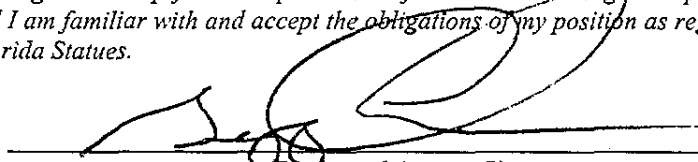
Florida street address (P.O. Box **NOT** acceptable)

Orlando, Florida 32801

City, State, and Zip

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 18 PM 1:58

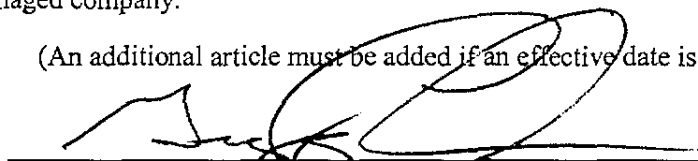
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

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.)

Gregg Lehrer

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)