

LOY0000021427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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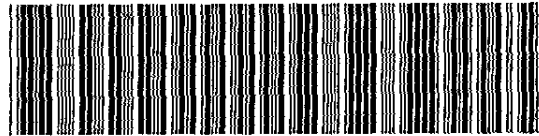
(Business Entity Name)

(Document Number)

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04 MAR 19 AM 8:00
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

BE



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 510380 7407027

AUTHORIZATION :

COST LIMIT : \$ 155

ORDER DATE : March 19, 2004

ORDER TIME : 4:06 PM

ORDER NO. : 510380-005

CUSTOMER NO: 7407027

CUSTOMER: Ms. Charlotte Barone
Saxon Gilmore Carraway
Gibbons Lash & Wilcox, P.a.
Suite 600
201 E. Kennedy Boulevard
Tampa, FL 33602

DOMESTIC FILING

NAME: HERITAGE AT RENISSANCE
DEVELOPMENT, LLC

EFFECTIVE DATE: _

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: _____

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04 MAR 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
04 MAR 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heritage Oaks at Renaissance Development, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

430 S. Hartsell Ave., Lakeland, FL 33815

430 S. Hartsell Ave., Lakeland, FL 33815

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

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

Bernice S. Saxon, Esquire

Name

201 E. Kennedy Boulevard, Suite 600

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

Tampa

FLORIDA 33602

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

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:

MGR M

Polk County Housing Developers, Inc.

430 S. Hartsell Avenue

Lakeland, FL 33815

(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.)

Bernice S. Saxon

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)