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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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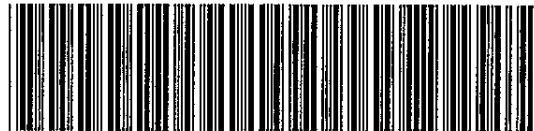
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PINEHURST CENTRE
477 VIKING DRIVE
SUITE 150
VIRGINIA BEACH, VA 23452
TELEPHONE: (757) 486-8700
FAX: (757) 486-4858
REAL ESTATE FAX: (757) 467-9655

TITUS LAW GROUP
ATTORNEYS AT LAW

E-MAIL: tituslawgroup@tituslawgroup.com • WEBSITE: www.tituslawgroup.com

601 THIMBLE SHOALS BLVD.
SUITE 100
NEWPORT NEWS, VA 23606
TELEPHONE: (757) 596-1600
FAX: (757) 596-2500

March 8, 2004

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

Re: Stratford Estates, LLC

Dear Sir/Madam:

Enclosed please find the Transmittal Letter and Articles of Organization for Stratford Estates, LLC, which I would appreciate your filing. Please return the Certificate and corresponding documents to our Virginia Beach office. I am also enclosing my check in the amount of \$125.00 to cover the cost of filing.

Thank you for your cooperation and attention to this matter.

Sincerely,


Kristina M. Cardwell

KMC/djh
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATFORD ESTATES, 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:

DONNA J. HEMBD, PARALEGAL
(Name of Person)

TITUS LAW GROUP
(Firm/Company)

VIKING DRIVE, SUITE 150
(Address)

VIRGINIA BEACH, VIRGINIA 23452
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTINA M. CARDWELL, ESQUIRE at (757) 486-8700
(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:

Stratford Estates, LLC

ARTICLE II - Address:

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

Principal Office Address:

3076 95th Drive

Live Oak, Florida 32060

Mailing Address:

3076 95th Drive

Live Oak, Florida 32060

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

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

James Cornet

Name

3076 95th Drive

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

Live Oak

FLORIDA 32060

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 _____

Charles M. Carrithers

12515 Warwick Blvd

Newport News, Virginia 23606

(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.)

Charles M. Carrithers

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)