

604000031254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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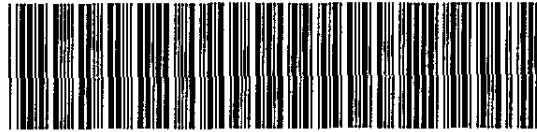
(Business Entity Name)

(Document Number)

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604-31254
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TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: FORSYTH CENTER, 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:

SINH LAI
(Name of Person)

FORSYTH CENTER, LLC
(Firm/Company)

428 CARVELL Dr
(Address)

WINTER PARK, FL 32792
(City/State and Zip Code)

For further information concerning this matter, please call:

JASON ING at 727-592-0678
(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

FORSYTH CENTER, LLC

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORSYTH CENTER, LLC

ARTICLE II - Address:

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

Principal Office Address:

FORSYTH CENTER, LLC

428 CARVELL Dr

WINTER PARK, FL 32792

Mailing Address:

FORSYTH CENTER, LLC

428 CARVELL Dr

WINTER PARK, FL 32792

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

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

SINH LAI

Name

428 CARVELL Dr

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

WINTER PARK

FLORIDA 32792

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

FORSYTH CENTER, LLC

ARTICLE IV- Manager(s) or Managing Member(s):

ATX1

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SINH LAI

428 CARVELL Dr

WINTER PARK, FL 32792

(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.)

SINH LAI

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)