## L04000036035

(Requ	uestor's Name)	
(Āddī	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
/Rusi	ness Entity Nar	nol
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
		,.

Office Use Only

SECRETARY OF STATE

500035106465

05/04/04--01065--001 \*\*125.00

AL

WICKENS
HERZER
PANZA
COOK &
BATISTA

FILED

David L. Herzer

Attorney at Law

dherzer@wickenslaw.com

Direct Dial:

440-930-8065 440-930-8000

Main: Cleveland: Facsimile:

216-447-4418 440-937-4466

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2004 MAY -3 P 1: 35

A LEGAL PROFESSIONAL ASSOCIATION

35765 Chester Road Avon, OH 44011-1262

April 28, 2004

SECRETARY OF STATE OF FLORIDA Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Formation of Country Walk Developers, LLC

Dear Sir/Madam:

Enclosed herewith for filing please find copies of the signed original Articles of Organization form which is being submitted on behalf of the above-designated entity.

Also enclosed is a check in the amount of \$125.00 as the requisite filing fee in this regard. If you have any questions, please call me collect at the above number.

Thanking you in advance for your prompt attention to this matter, I remain

Sincerely yours,

WICKENS, HERZER, PANZA, COOK & BATISTA A Legal Professional Association

By: David L. Herzer

DLH/MGW/bl Enclosures

f:\cor\sos-aoi-dlh.duc\10787-216

## TRANSMITTAL LETTER

FILED

2004 HAY -3 P 1:35 Division of Corporations Country Walk Developers, LLC SUBJECT: (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: David L. Herzer, Esq. (Name of Person) Wickens, Herzer, Panza, Cook & Batista (Firm/Company) 35765 Chester Road (Address) Avon, Ohio 44011-1262 (City/State and Zip Code) For further information concerning this matter, please call: at (440) 930-8065 (Area Code & Daytime Telephone Number) David L. Herzer, Esq.

STREET ADDRESS:

(Name of Person)

TO:

Registration Section

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

FILED

2004 MAY -3 P 1:3

TARY OF STATE

Article I – Name: The name of the Limited Liability Company is:	SECRETARY OF TALLAHASSEE,	
Country Walk Developers, LLC	•	
Article II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1700 McMullen Booth Road	1700 McMullen Booth Road	
Suite C1	Suite C1	
Clearwater, FL 33759-2130	Clearwater, FL 33759-2130	
Article III – Registered Agent, Registered Office, & I The name and the Florida street address of the registered		
Ross A. Puzzitiello		
Name		
1700 McMullen Booth Road, Suite C1 Florida street address (P.O. Box NOT acceptable)		
Clearwater, FL 33759-2130 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.

réd)Agent's Signature

	ager(s) or Managing I ress of each Manager o	<b>Member(s):</b> r Managing Member is as follo	ows: FILED
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2004 HVA −3 Þ 1: 3P	
		SECRETARY OF STATE	
		TALLAHASSEE, FLORIDA	
	<u></u>		
	<del></del>		
			<del></del>
	<u> </u>		
(Use attachment if n	ecessary)		
NOTE: An addition	onal article must be add	led if an effective date is reques	sted.
REQUIRED SIGN	ATURE:		
REQUIRED STOR			
		n authorized representative of a n	
	· // /	on authorized representative of a name of the execution o	
of		affirmation under the penalties of pe	
R	toss A. Puzzitiello		
	Typed or	r printed name of signee	<del></del>

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)