

# L04000043425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

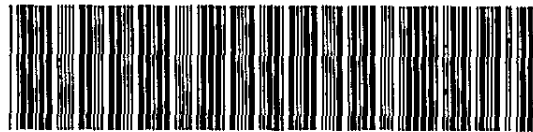
☐ MAIL

(Business Entity Name)

(Document Number)

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

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TALLAHASSEE

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Exhibit	DOC
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Mr. [unclear]	DOC

Wayne Croushorn  
557 7<sup>th</sup> Ave. N.  
St. Petersburg, FL 33701  
727-415-7979

Please find enclosed the forms for the creation of Banyan Tree Property Management, LLC. I have also enclosed a check for \$160 to include both fees and both optional fees. Please contact me if you have any questions.

Best regards



Wayne Croushorn

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SECRETARY OF STATE  
TALLAHASSEE, FL 32311

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Banyan Tree Property Management, 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:

Wayne Croushorn  
(Name of Person)

Banyan Tree Property Management  
(Firm/Company)

557 7TH AVE N.  
(Address)

ST. PETERSBURG, FL 33701  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Wayne Croushorn at (727) 415-7979  
(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:

Banyan Tree Property Management, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

557 7th Ave N.  
St. Petersburg, FL 33701

**Mailing Address:**

Same

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

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

Wayne Croushorn  
Name

557 7th Ave N.  
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33701  
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..*

Wayne Croushorn  
Registered Agent's Signature

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TALLAHASSEE, FL

**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:**

MGRM

Wayne Croushorn  
557 7th Ave N.  
St. Petersburg, FL 33701

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(Use attachment if necessary)

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TALLAHASSEE, FL

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**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Wayne Croushorn  
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.)

Wayne Croushorn  
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)