

W04 0000 45156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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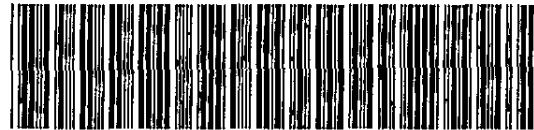
(Business Entity Name)

(Document Number)

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*Handwritten signature*

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C & S Properties of Central Florida 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:

John D. Sullivan

(Name of Person)

(Firm/Company)

P.O. Box 1869

(Address)

Inverness, FL. 34451

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen C. Yager

(Name of Person)

at ( 352 ) 622-2225

(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

OFFICE OF THE  
CLERK OF THE  
TALLAHASSEE, FLORIDA

04 JUN 14 AM 11:15

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C & S Properties of Central Florida 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:**

2057 Laurel Run Drive

P.O. Box 1869

Ocala, FL. 34471

Inverness, FL. 34451

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

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

John D. Sullivan

Name

2057 Laurel Run Drive

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

Ocala FLORIDA 34471

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

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06 JUN 14 AM 11:05  
TALLAHASSEE, FLORIDA

**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

MGRM

**Name and Address:**

John D. Sullivan

2057 Laurel Run Drive  
Ocala, FL. 34471

MGRM

Derek P. Chan  
28324 Berylwood Place  
Valencia, CA. 91354

(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.)

John D. Sullivan

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)