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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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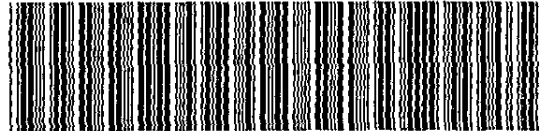
Certificates of Status

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FILERS

**TERRY T. NEAL, P.A.**  
ATTORNEY AT LAW

July 8, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: ACACIA REAL ESTATE INVESTMENTS, LLC

Dear Sirs:

Please find enclosed herewith the original and one copy of Articles of Organization for ACACIA REAL ESTATE INVESTMENTS, LLC and my trust account check number in the amount of \$155.00 made payable to the Florida Department of State as follows: Filing Fee - \$100.00; Designation of Registered Agent Fee - \$25.00; and Certified copy fee of \$30.00.

Thank you for your attention and cooperation herein.

Sincerely,



TERRY T. NEAL

TTN/als

Enclosures

[Anne/Corp/2004/Limehouse LLC-L-DivCorp]

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ACACIA REAL ESTATE INVESTMENTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

9007 Mossy Oak Lane

Clermont, Florida 34711

**Mailing Address:**

9007 Mossy Oak Lane

Clermont, Florida 34711

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

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

Colleen Brost

Name

9007 Mossy Oak Lane

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

Clermont,

FLORIDA 34711

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..*

Colleen Brost

Registered Agent's Signature

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**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

Colleen Brost

8007 Mossy Oak Lane

Clermont, Florida 34711

MGRM

Florence Limehouse

11613 Grand Bay Boulevard

Clermont, Florida 34711

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(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.)

Colleen Brost

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)**