

L04000054080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

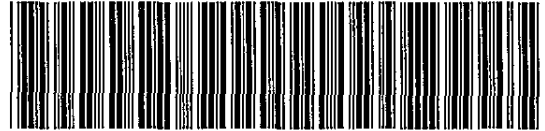
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Certificates of Status _____

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RECEIVED
04 JUL 21 AM 11:42
DIVISION OF CORPORATION

FILED
04 JUL 21 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

July 21, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 JUL 21 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6151581 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Zaremba Pinellas Residential, LLC (FL)
Formation
Florida

Please return a certified copy of filing along with regular evidence.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
04 JUL 21 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zaremba Pinellas Residential, LLC

ARTICLE II - Address:

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

Principal Office Address:

14600 Detroit Avenue, Suite 1500

Lakewood, Ohio 44107

Mailing Address:

14600 Detroit Avenue, Suite 1500

Lakewood, Ohio 44107

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

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

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

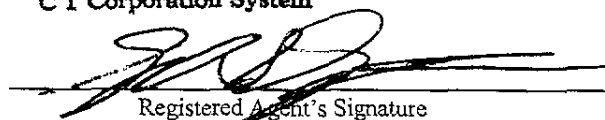
FLORIDA

33324

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..

CT Corporation System



Registered Agent's Signature

Gil S. Apellis, Asst. Secretary

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

"MGRM" = Managing Member

Zaremba Group, LLC

14600 Detroit Avenue, Suite 1500
Lakewood, Ohio 44107

MGRM

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

Zaremba Group, LLC

Managing Member

By:

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.)

Barbara VonBenken, Assistant Vice President

Typed or printed name of signee

\$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)