

L04000056919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

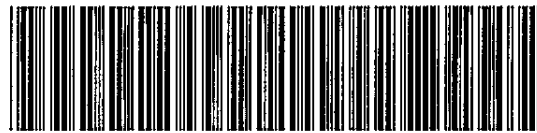
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700038746517

FILED
04 AUG -2 AM 11:02
STATE
TALLAHASSEE, FLORIDA

Handwritten signature

FILED
04 AUG -2 PM 3:35
STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 829626 81514A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
04 AUG -2 AM 11:02
TALLAHASSEE
FLORIDA

ORDER DATE : July 30, 2004

ORDER TIME : 4:42 PM

ORDER NO. : 829626-005

CUSTOMER NO: 81514A

CUSTOMER: Ms. Marie Hankins
Troiano & Roberts, P.a.

P. O. Drawer 829

Lakeland, FL 33802-0829

DOMESTIC FILING

NAME: ENCHANTED GROVE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

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

ARTICLE I – Name:

The Name of the Limited Liability Company is: ENCHANTED GROVE, LLC

ARTICLE II – Address:

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

a: Mailing Address: 139 Long Key Road, Key Largo, Florida 33037

b: Street Address: 139 Long Key Road, Key Largo, Florida 33037

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

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

Victor J. Troiano

Name

317 S. Tennessee Avenue

Florida street address (Post Office Box NOT acceptable)

Lakeland, Florida 33801

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, F.S.


Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

☐ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☒ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.


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.)

Victor J. Troiano , Authorized Representative

Typed or printed name of signee

FILED
04 AUG -2 AM 11:02
CLERK OF THE STATE
TALLAHASSEE, FLORIDA