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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

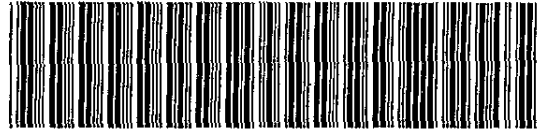
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 16, 2004

RICK SHAPLEY  
MRDV LAND, L.L.C.  
1645 METROPOLITAN BLVD  
TALLAHASSEE, FL 32308

SUBJECT: MRDV LAND, L.L.C.  
Ref. Number: W04000031116

We have received your document for MRDV LAND, L.L.C. and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 004A00050424

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRDV Land, L.L.C.  
(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:

RICK SHAPLEY  
(Name of Person)

MRDV LAND, L.L.C.  
(Firm/Company)

1645 METROPOLITAN BLVD.  
(Address)

TALLAHASSEE, FLORIDA, 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICK SHAPLEY at ( 850 ) 385-0300 X20  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MRDV LAND, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1645 METROPOLITAN BLVD.

1645 METROPOLITAN BLVD.

TALLAHASSEE, FLORIDA 32308

TALLAHASSEE, FLORIDA 32308

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

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

RICHARD P. SHAPLEY

Name

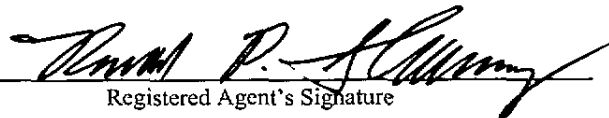
478 FRANK SHAW RD.

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

TALLAHASSEE FLORIDA, 32312

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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**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:**

MGR

RICK SHAPLEY  
478 FRANK SHAW RD.  
TALLAHASSEE, FLORIDA 32312

MGRM

MICHELE SHAPLEY  
478 FRANK SHAW RD.  
TALLAHASSEE, FLORIDA 32312

MGRM

FRANCIS B. MEWBORN II  
801 ATLANTA COUNTRY CLUB DR.  
MARIETTA, GEORGIA 30067

MGRM

VIRGINIA D. MEWBORN  
65-65 WETHEROLE ST. 3-0  
REBO PARK, NEW YORK 11374

(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.)

RICK SHAPLEY  
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)

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