L040000 65941

(Requestor's Name)		
(Address)		
(Address)		
(City/\$tate/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dusiness Fakita Memo)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
openion with the second of the		

Office Use Only



100040777221

09/03/04--01031--013 **155.00

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CCT: Nova Properties LLC			
00100	(Name of Limited Liability Company)			
The en	closed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
James D. Roach				
(Name of Person)				
	(Firm/Company)			
	P.O. Box 1869			
•	(Address)			
	Inverness, FL. 34451			
(City/State and Zip Code)				
For furt	her information concerning this matter, please call:			
•	Stephen C. Yager at (352) 622-2225			
	(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 O4 SEP -3 PH 1:31
SECTED STATE
TALLAHASSEE OF STATE

or and a second

1000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nova P	Properties LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company				
Principal Office Address:	Mailing Address:			
8411 SE 7th Avenue Rd	P.O. Box 1869			
Ocala, FL. 34480	Inverness, FL. 3445			
	h Avenue Rd Box NOT acceptable)			
	h Avenue Rd Box <u>NOT</u> acceptable)			
Florida street address (P.O. Ocala, FL City, State, an	h Avenue Rd Box NOT acceptable) 34480 FLORIDA d Zip			
Florida street address (P.O. Ocala, FL	h Avenue Rd Box NOT acceptable) 34480 FLORIDA ad Zip lice of process for the above stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to the prop with and accept the obligations of my position as			

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member	\$ g.			
MGRM	James D. Roach			
	8411 SE 7th Avenue Rd			
	Ocala, FL. 34480			
MGRM	John D. Sullivan			
	2057 Laurel Run Drive			
	Ocala, FL. 34471			
•	,			
•				
(Use attachment if necessary)				
	/ .			
NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:				
Qu'L Coach				
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.)				
James D.	Roach			
Typed or pri	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)