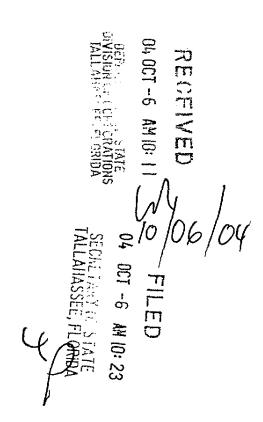
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(R	equestor's Name)
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PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Office Use Only



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TRANSMITTAL LETTER

	ration Section on of Corporations					
SUBJECT:	THE MARSHES AT (Name o	EVANS (REEK. f Limited Liability Company)				
	rticles of Organization and fee(s)	_				
GREG	(Name of Person)					
	(Firm/Company)			SECRE I	04 OCT	П
	(Address)		e	ANT OF STA ASSEE, FLOR	-6 AN IO: 23	FILED
QUINCY	(City/State and Zip Code	e)		IDA TE	23	
_	E. GRAY (Name of Person)	<i></i>	7/75 Telephone Number)			
Enclosed is a check for	the following amount:					
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & G Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	atus &		
	ET ADDRESS:		G ADDRESS:			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE MARSHES AT EVANS CREEK, L.L.C.

ARTICLE II - Address:

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

Y	A 66	4 7 7
Principal	Office	Address:
_ ~ ~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	~	

Mailing Address:

407 E KING	ST
QUINCY, E	32351

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

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

GREG SUBER Name

Name

HOTE, KING ST

Florida street address (P.O. Box <u>NOT</u> acceptable)

QUINCY FL 3235/
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..

(CONTINUED)

ARTICLE IV- Manage	er(s) or Managing Member(s):
The name and address of	feach Manager or Managing Member is as follows:
Title:	Name and Address:

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.)

GREG SUBER

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)