

L040000 74889

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000206403 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

## LIMITED LIABILITY COMPANY

JUPITER LAKES VILLAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Manual

Corporate Filing

Public Access Help

J. BRYAN OCT 18 2004

FILED  
2004 OCT 15 AM 9:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
04 OCT 15 AM 11:17  
DIVISION OF CORPORATION

(H04000206403 3)

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2004 OCT 15 AM 9:39  
JULY 10, 2004  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jupiter LAKES VILLAS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3847 Cape Point Circle  
Jupiter, FL 33477

Same

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

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

SHEILA SKOLNICK  
Name  
3847 CAPE POINT Circle  
Florida street address (P.O. Box NOT acceptable)  
Jupiter FLORIDA 33477-5809  
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..

Sheila Skolnick  
Registered Agent's Signature

(H04000206404 3)

FILED  
2004 OCT 15 AM 9:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Sheila Skolnick  
~~3847 Cape Point Circle~~  
Jupiter, FL 33477-5809

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sheila Skolnick  
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.)

SHEILA SKOLNICK  
Typed or printed name of signer

(H04000206403 3)