

L04 000075990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041694880

10/21/04--01003--012 **125.00

FILED

04 OCT 21 AM 8:06

ST. LOUIS, MISSOURI
TALLAHASSEE, FLORIDA

LA 10/21/04

6p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Forsyth Group, LLC
(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:

Rod E. Vargas
(Name of Person)

Forsyth Group, LLC
(Firm/Company)

W04-37614

6824 Hanging Moss Road
(Address)

Orlando, FL 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

Rod E. Vargas at (407) 629-8180
(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

FILED
04 OCT 21 AM 8:06
STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 12, 2004

ROD E. VARGAS
FORSYTH GROUP, LLC
6824 HANGING MOSS ROAD
ORLANDO, FL 32807

SUBJECT: FORSYTH GROUP, LLC
Ref. Number: W04000037614

We have received your document for FORSYTH GROUP, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 304A00058948

FILED
04 OCT 21 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Forsyth Gro up, LLC

ARTICLE II - Address:

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

Principal Office Address:

6824 Hanging Moss Road

Orlando, FL 32807

Mailing Address:

6824 Hanging Moss Road

Orlando, FL 32807

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

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

Rod E. Vargas

Name

6824 Hanging Moss Road

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

Orlando, FLORIDA 32807

City, State, and Zip

FILED
04 OCT 21 AM 8:06
STATE
TALLAHASSEE, FLORIDA

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

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

Chris D. Parent

304 Hazelnut Street

Winter Springs, FL 32708

MGRM

Rod E. Vargas

1407 Portmoor Way

Winter Garden, FL 34787

MGRM

Dennis Theoret

2160 Melaleuca Drive

Merritt Island, FL 32952

MGRM

Silenio A. Tursi


4611 NW 57th Lane

Coral Springs, FL 33067

(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.)

Rod E. Vargas

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)

FILED
04 OCT 21 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment for:

ARTICLE IV – Managing Members

MGRM

Kelyem D. Cruz
8639 North Himes Avenue #2004
Tampa, FL 33614

FILED
04 OCT 21 AM 8:06
SEALY STATE
TALLAHASSEE, FLORIDA