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(Requestor's Name)	
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,	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Transmittal Letter

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL. 32314

<u>F THE MOUNTAIN AT MCC</u>	SINTY'S, LLC_	_			
(Proposed Limited Liability Corporate name - must include suffix)					
and one(1) copy of the articles o a check for:	f organization for Flori	da Limited			
⊠ \$130.00	□\$155.00	□\$160.00			
Filing Fee/RA		Filing Fee,			
& Certificate of Status	& Certified Copy	Certified Copy			
		ertificate of Status			
	ADDITIONAL COI	PY REQUIRED			
		04 CCT 25			
		F3			
FROM: GERARD FORTE					
Name (Printed or Typed)					
77 BELVEDERE LANE					
Name (Printed or Typed) 77 BELVEDERE LANE Address					
City, State & Zip					
<u>386-931-0224</u>					
Daytime Telephone Number					
	and one(1) copy of the articles of a check for: \sqrt{3}130.00	and one(1) copy of the articles of organization for Floria check for: \$\square{\sqrt{3}}\$130.00			

NOTE: Please provide the original and one copy of the articles.

11/1/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TOP OF THE MOUNTAIN AT MCGINTY'S, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 77 BELVEDERE LAND, PALM COAST, FL 32137

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

GERARD FORTE
Name

77 BELVEDERE LAND
Florida street address (P.O. Box NOT acceptable

PALM COAST, FL 32137
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.

Registered Agent's Signature

11/1/04

	ARTICLE IV – Management	(Check box if applicable.)	
7	The Limited Liability Company is to be managed by one manager or more managers an		
	is therefore, a manager mana	aged company.	
		ch Manager or Managing Member is as follows:	
	TITLE	NAME & ADDRESS	
	MGR	GERARD FORTE	
	WICK		
		77 BELVEDERE LANE PALM COAST, FL 32137	
	MGRM	DENISE FORTE	
		77 BELVEDERE LANE PALM COAST, FL 32137	
	The Limited Liability Compa	any requested effective date is Nov 1, 2004	
		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.)	
		GERARD FORTE	
		Typed are printed name of signee	

Transmittal Letter

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL. 32314

SUBJECT: TOP OF THE MOUNTAIN AT MCGINTY'S, LLC (Proposed Limited Liability Corporate name – must include suffix)					
Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:					
☐ \$125.00 Filing Fee & Designated Registered Agent.	☑\$130.00 Filing Fee/RA & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy & Cert ADDITIONAL COPY	☐\$160.00 Filing Fee, Certified Copy ificate of Status ✓ REQUIRED		
FROM: GERARD FORTE Name (Printed or Typed) 77 BELVEDERE LANE					

NOTE: Please provide the original and one copy of the articles.

Address

386-931-0224 Daytime Telephone Number

PALM COAST, FL 32137 City, State & Zip

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: TOP OF THE MOUNTAIN AT MCGINTY'S, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 77 BELVEDERE LAND, PALM COAST, FL 32137

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

GERARD FORTE

77 BELVEDERE LAND
Florida street address (P.O. Box NOT acceptable

PALM COAST, FL 32137
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.

Registered Agent's Signature

04 0CT 25 MT 8: 10

11/1/04

	ARTICLE IV - Management (Check box if applicable.)			
3	The Limited Liability Company	The Limited Liability Company is to be managed by one manager or more managers and		
	is therefore, a manager managed company.			
The name and address of each Manager or Managing Member is as follows:				
TITLE NAME & ADDRESS				
	MGR	GERARD FORTE		
		77 BELVEDERE LANE PALM COAST, FL 32137		
	MGRM	DENISE FORTE		
		77 BELVEDERE LANE PALM COAST, FL 32137		
	The Limited Liability Company	requested effective date is Nov 1, 2004		
	Signature of a member or an authorized representative of a member			
	do	a accordance with section 608.408(3), Florida Statutes, the execution of this occument constitutes an affirmation under the penalties of perjury that the cts stated herein are true.)		
		GERARD FORTE		
		Typed are printed name of signee		