

L04 0000 82990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

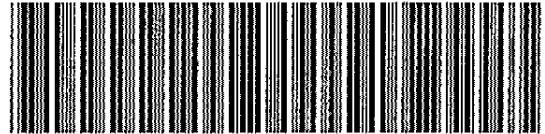
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600042432206

11/09/04--01064--031 **130.00

04 NOV -9 AM 8:12

RECEIVED
DIVISION OF CORPORATE AFFAIRS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cassette Court Associates, L.L.C.
(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:

John Simpson
(Name of Person)

(Firm/Company)

450 South Mills River Road
(Address)

Horse Shoe, NC 28742
(City/State and Zip Code)

For further information concerning this matter, please call:

John Simpson at (828) 280-6036
(Name of Person) (Area Code & Daytime 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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

04 NOV - 9 AM 12

RECEIVED
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cassette Court Associates, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

248 Three Islands Blvd #303
Hallandale, FL 33009

Same

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

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

James N. Gordon

Name

248 Three Islands Blvd. #303

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

Hallandale FL 33009

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.

[Signature]
Registered Agent's Signature

(CONTINUED)

04 NOV - 9
DIVISION OF CORPORATE & BUSINESS SERVICES
11:08 AM

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

Gordon Property Company, XXVIV, LLC.
23123 South State Road 7, #240
Boca Raton, FL 33428

MGRM

John T. Simpson
300 Long Shoals Road #13-V
Arden NC 28704

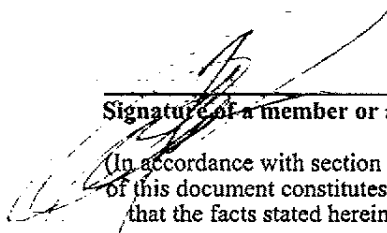
MGRM

Guy Robert McDowell
6 Oakwood Ave.
Taylors, SC 29687

(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.)

James N. Gordon

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

04 NOV -9 AM 8:12
DIVISION OF CORPORATE
SECRETARY OF STATE