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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

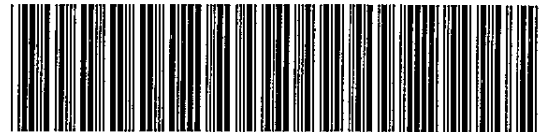
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 29 2004

BAKER  
&  
HOSTETLER LLP  
COUNSELLORS AT LAW

3200 NATIONAL CITY CENTER • 1900 EAST 9TH STREET • CLEVELAND, OHIO 44114-3485 • (216) 621-0200 • FAX (216) 696-0740

OAKLEY V. ANDREWS  
WRITER'S DIRECT DIAL NUMBER (216) 861-7568  
E-MAIL: OANDREWS@BAKERLAW.COM

December 14, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. 6327  
Tallahassee, FL 32314

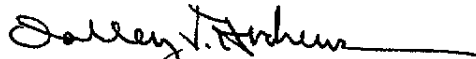
Re: Mays Pond Plantation LLC #4

Dear Sir or Madam:

Enclosed please find the signed Articles of Organization for the above-captioned entity along with a check in the amount of \$160.00. This amount includes the filing fee for the Articles of Organization, Designation of Registered Agent and additional fees for a certified copy of the Articles and a Certificate of Status.

A letter acknowledging the filing of the Articles as well as the Certificate and certified copy should be sent to my attention at the address listed above. If you should have any questions regarding the formation of this entity, please do not hesitate to contact me directly at (216) 861-7568.

Sincerely,



Oakley V. Andrews

Enclosure

SOLICITORS, 06533, 63001, 100754406.1, 12-13-04 Letter

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAYS POND PLANTATION, LLC NO. 4  
(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:

Oakley V. Andrews, Esq.

(Name of Person)

Baker & Hostetler LLP

(Firm/Company)

1900 East 9th Street, Suite 3200

(Address)

Cleveland, OH 44114-3485

(City/State and Zip Code)

For further information concerning this matter, please call:

Oakley V. Andrews, Esq.

(Name of Person)

at ( 216 ) 621-0200

(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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2004 DEC 20 PM 1:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAYS POND PLANTATION, LLC NO. 4

**ARTICLE II - Address:**

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

**Principal Office Address:**

Mays Pond Plantation  
5097 West Lake Road  
Monticello, FL 32344

**Mailing Address:**

Mays Pond Plantation  
5097 West Lake Road  
Monticello, FL 32344

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

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

Leigh H. Perkins  
Name  
Mays Pond Plantation  
R.R. 4, Box 4903  
Florida street address (P.O. Box **NOT** acceptable)  
  
Monticello FLORIDA 32344  
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..*

  
\_\_\_\_\_  
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

Leigh H. Perkins

5097 West Lake Road

Monticello, FL 32344

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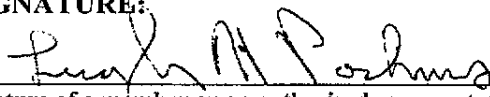
\_\_\_\_\_

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(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.)

Leigh H. Perkins

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)

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