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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Foxworth 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: Simpsellow (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: Dhn Simpson at 828 280 - 6036

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Foxworth 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 Blud #303 SAME HALlandale, FL 33009
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 Blud. #303 Florida street address (P.O. Box NOT acceptable)
Hallandale, FL 33009

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..

egistered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRDM" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Gordon Property Company, XXVIV LL 23123 South State Road 7, #240 ROCA 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 n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with of this document that the facts sta	ember or an authorized representative of a member. oth section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.) Typed or printed name of signee
Filing Fees:	- · · - · · ·
\$125.00 Filing Fee for Articles of of Registered Agent	Organization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)