

L65000011849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

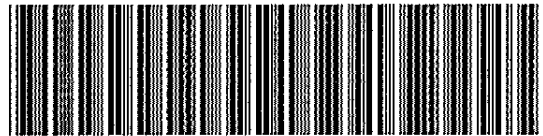
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



600045706716

FILED

05 FEB -4 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 FEB -4 AM 11:05

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 183628 124194A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

FILED
05 FEB -4 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 3, 2005

ORDER TIME : 9:39 AM

ORDER NO. : 183628-005

CUSTOMER NO: 124194A

CUSTOMER: Rosemary Stone, Esq
Johnson & Johnson, Esqs.

30 Columbia Turnpike

Florham Park, NJ 07932

DOMESTIC FILING

NAME: 5711 BENTGRASS DRIVE,
UNIT 211, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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

FILED
05 FEB - 4 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

5711 BENTGRASS DRIVE, UNIT 211, LLC**ARTICLE II - Address:**

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

Principal Office Address:5711 Bentgrass Drive, Unit 211Sarasota, Florida 34235**Mailing Address:**c/o Mr. Bob Hyde, MGRM71 Chincoppee RoadLake Hopatcong, NJ 07849**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFLORIDA 32301

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..

Corporation Service Company

By: Deborah D. Skipper

Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

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

Bob Hyde

71 Chincoppee Road

Lake Hopatcong, NJ 07849

MGRM

Susan Hyde


71 Chincoppee Road

Lake Hopatcong, NJ 07849

(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.)

By: Bob Hyde

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)