

L05000014972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

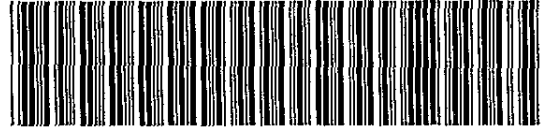
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900046192029

02/09/05--01026--011 \*\*130.00

DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2005 FEB -9 PM 1:33

FILED

J. BRADY FEB 14 2005

**DAVID M. ANDREWS**

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

P.O. BOX 5858

ST. AUGUSTINE, FL 32085

TELEPHONE (904) 826-1987

EMAIL [andrews@david-m-andrews.com](mailto:andrews@david-m-andrews.com)

FAX (904) 826-4236

February 8, 2005

Registration Section  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: LA VILLA, LLC

Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization	\$ 100.00
Designation of Registered Agent	25.00
Certificate of Status	5.00

If the Articles of Organization meet with your approval, please execute return to my office.

Respectfully yours,

  
David M. Andrews

DMA:dds  
Enclosure

FILED  
2005 FEB -9 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

\_\_\_\_\_  
LA VILLA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**JOYCE S. LAREAU**

**1086 ARDMORE STREET**

**ST. AUGUSTINE, FL 32092**

**Mailing Address:**

**JOYCE S. LAREAU**

**1086 ARDMORE STREET**

**ST. AUGUSTINE, FL 32092**

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

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

\_\_\_\_\_  
JOYCE S. LAREAU

Name

\_\_\_\_\_  
1086 ARDMORE STREET

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

\_\_\_\_\_  
ST. AUGUSTINE, FL 32092

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

FILED  
2005 FEB -9 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

JOYCE S. LAREAU  
1086 ARDMORE STREET  
ST. AUGUSTINE, FL 32092

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2006 FEB - 9 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

(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.)

JOYCE S. LAREAU  
\_\_\_\_\_  
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)**