

L050000031145

2005 MAR 28 P 2: 3

SECRETARY OF STATE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

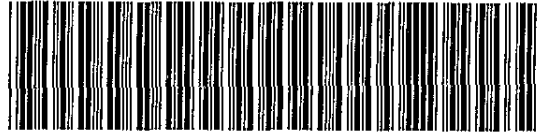
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 541-543 Margaret Ct., LLC
(Name of Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven A. Spencer

(Name of Person)

Steven A. Spencer And Associates

(Firm/Company)

1900 E. Robinson St.

(Address)

Orlando FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven A. Spencer

(Name of Person)

at (407) 894-0081

(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

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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541-543 Margaret Ct., LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4311 Anderson Rd.

4311 Anderson Rd.

Orlando FL 32812

Orlando FL 32812

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

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

Steven A. Spencer

Name

1900 E. Robinson St.

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

Orlando

FLORIDA 32803

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:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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998 SECRETARY OF STATE
TALLAHASSEE, FLOR

"MGR"

Pamela J. Goulder
3641 Waters Edge Dr.
Orlando FL 32812

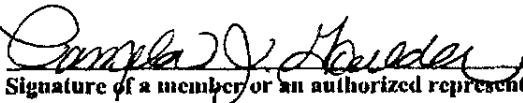
"MGRM"

Charles L. Goulder 18
3641 Waters Edge Dr.
Orlando FL 32812

(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.)

Pamela J. Goulder

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)