

LOS000049817

2005 MAY 16 A 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



600048851376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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(Business Entity Name)

(Document Number)

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03/29/05--01038--001 \*\*78.75

05/16/05--01077--005 \*\*51.25

W05-16708

FF \$125  
CUs 5



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

**FILED**

2005 MAY 16 A 11: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 1, 2005

CARLA CONNOR  
1195 ARABIAN DR.  
LOXAHATCHEE, FL 33470

SUBJECT: CORNERS OF BRIGHTON, LLC  
Ref. Number: W05000016708

We have received your document for CORNERS OF BRIGHTON, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 305A00022427

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

**SUBJECT:** CORNERS OF BRIGHTON, 2008 MAY 16 A 11: 57  
(Name of Limited Liability Company)

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:

CARLA CONNOR  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1195 ARABIAN DR  
(Address)

LOXAHATCHEE, FL 33470  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA CONNOR at 561, 793-4660  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORNERS OF BRIGHTON, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1195 ARABIAN DR  
LOXAHATCHEE  
FL 33470

Same

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

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

CARLA CONNOR  
Name

1195 ARABIAN DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
LOXAHATCHEE 33470  
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

(CONTINUED)

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

MGR

Name and Address:

CARLA  
1195 ARABIAN DR  
LOXAHATCHEE, FL. 33470

FILED

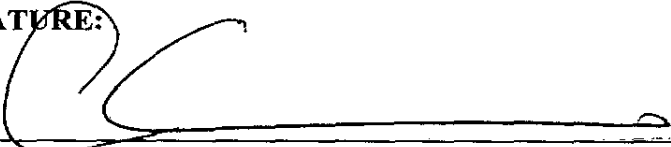
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

CARLA CONNOR

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Bal. 51.25