

L050000 51905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

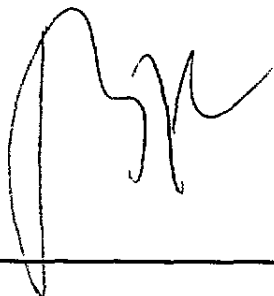
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

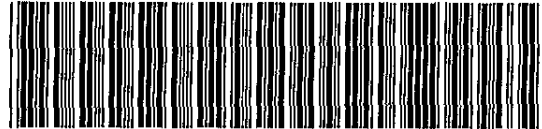
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EFFECTIVE DATE
5/23/05

FILED RECEIVED
05 MAY 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

GRAY | ROBINSON
ATTORNEYS AT LAW

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CLERMONT

KEY WEST

LAKE LAND

MELBOURNE

NAPLES

ORLANDO

TALLAHASSEE

TAMPA

EFFECTIVE DATE
5/23/05

kjusevitch@gray-robinson.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 24 PM 3:51
FILED

May 24, 2005

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, Florida 32301

Via Hand Delivery

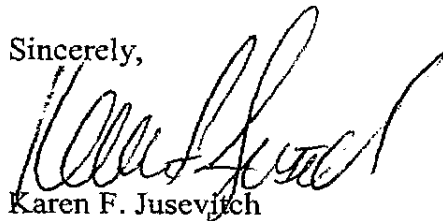
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$160.00** for the applicable filing fee and for a **CERTIFIED COPY** and **CERTIFICATE OF STATUS** for the following entity:

HAMMOCK MEADOW ESTATES, L.L.C.

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 577-9090, when the documents are ready. Thank you for your assistance.

Sincerely,



Karen F. Jusevitch
Paralegal

/kfj
Enclosures

ARTICLES OF ORGANIZATION
OF
HAMMOCK MEADOW ESTATES, L.L.C.

FILED
05 MAY 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
5/23/05

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, does hereby adopt the following articles of organization:

ARTICLE I - NAME

The name of this limited liability company is HAMMOCK MEADOW ESTATES, L.L.C.

ARTICLE II - DURATION

This limited liability company shall have a perpetual existence, commencing on the date of execution and acknowledgment of these Articles on May 23, 2005.

ARTICLE III - PURPOSE

The general purpose of this limited liability company is to engage in any lawful activities for which a limited liability company may be formed under the Florida Limited Liability Company Act.

ARTICLE IV - POWERS

This limited liability company shall have the same powers as an individual to do all things necessary to carry out its business and affairs, including, without limitation, all of the powers enumerated in the Florida Limited Liability Company Act.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial principal and registered office of this limited liability company in the State of Florida is 832 South Florida Avenue, Lakeland, Florida, 33801, and the mailing address of the principal office of this limited liability company is 832 South Florida Avenue, Lakeland, Florida 33801. The name of the initial registered agent of this limited liability company at the above street address is H. Guy Smith.

ARTICLE VI - MANAGEMENT

This limited liability company shall initially be managed by one (1) manager and is, therefore, a manager-managed company. The number of managers may be either increased or diminished from time to time by the regulations adopted by this company. The name and address of the person who shall initially serve as manager until a successor is elected and qualified are as follows:

H. Guy Smith

832 South Florida Avenue
Lakeland, Florida 33801

ARTICLE VII - AMENDMENT

This limited liability company reserves the right to amend, alter, change or delete any provision contained in these Articles of Organization, or any amendment hereto, in the manner now or hereafter prescribed by the Florida Limited Liability Company Act.

EXECUTED by the undersigned member of this limited liability company on this 23rd day of May, 2005.


H. GUY SMITH, Member

STATE OF FLORIDA)

COUNTY OF POLK)

The foregoing Articles of Organization was acknowledged before me on this 23rd day of May, 2005, by **H. GUY SMITH**, who either [☒] is personally known to me or [] produced a current Florida driver's license as identification.

(AFFIX NOTARIAL STAMP
OR SEAL BELOW)



LUCRETIA H. SHELNUT
Notary Public, State of Florida
My comm. expires Aug. 26, 2005
Comm. No. D 052609

Sign Name: Lucretia H. Shelnut
Print Name: Lucretia H. Shelnut
State of Florida at Large
My Commission Number: _____
My Commission Expires: _____

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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, hereby submits the following statement in designating the registered office and registered agent of this company in the State of Florida:

1. The name of this company is HAMMOCK MEADOW ESTATES, L.L.C..

2. The name and street address of the registered agent and registered office of this company are:

H. Guy Smith
832 South Florida Avenue
Lakeland, Florida 33801

Dated this 23rd day of May, 2005.

HAMMOCK MEADOW ESTATES, L.L.C.,
a Florida limited liability company

By: _____

H. GUY SMITH, Manager

REGISTERED AGENT ACKNOWLEDGMENT

Having been named as registered agent and to accept service of process for the above stated 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.

Dated this 23rd day of May, 2005.

H. GUY SMITH
Registered Agent