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From:

Account Name : DAVIS, BROWNING & SCHNITKER, P.A.

Account Number : I19980000057 Phone : (850)973-4186 Fax Number : (850)973-8564 CKETAKT LE STATE

LIMITED LIABILITY COMPANY

SUMMERWOOD ESTATES OF MADISON, LLC

Certificate of Status	0
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5/24/2005

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ARTICLES OF ORGANIZATION OF SUMMERWOOD ESTATES OF MADISON, LLC

The undersigned subscribers to these Articles of Organization, natural personal competent to contract, hereby executed these Articles for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is SUMMERWOOD ESTATES OF MADISON, LLC

ARTICLE II

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 420 Lake Shore Drive, Madison, Florida 32340.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is Henry N. Davis, 420 Lake Shore Drive, Madison, Florida 32340.

ARTICLE V.

The only member of this limited liability company is HENRY N. DAVIS. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to

continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a member managed company and each member of this limited liability company shall have the right and authority to manage this limited 11 ability company.

ARTICLE VIII.

The organizing member of this limited liability company is Henry N. Davis.

IN WITNESS WHEREOF, the said members have hereunto set their hands and seals this 24th day of May A. D. 2005.

SUMMERWOOD ESTATES OF MADISON, LLC

HENRY N. DAVIS, Organizing Member

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STATE OF FLORIDA

COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared HENRY N. DAVIS, for SUMMERWOOD ESTATES OF MADISON, LLC, before me known to be the persons described as the organizers in, and who executed the foregoing Articles of Organization,

and acknowledged before me that they subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 24th day of May A. D. 2005.

Notary Public

My Commission Expires:



JOYCE A. BROWN Notary Public, State of Florida My comm. expires Feb. 5, 2006 Comm. No. DD 078972

SECRETARY 24 AM 10: 05

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH FLA. STAT. 608.415, THE FOLLOWING IS SUBMITTED:

SUMMERWOOD ESTATES OF MADISON, LLC, TO ORGANIZE OR QUALIFY UNDER THE LAWS OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 420 LAKE SHORE DRIVE, MADISON, FLORIDA 32340, NAMES HENRY N. DAVIS, WHOSE ADDRESS IS 420 LAKE SHORE DRIVE, MADISON, FLORIDA 32340, AND WHOSE STREET ADDRESS IS 420 LAKE SHORE DRIVE, MADISON, FLORIDA 32340 AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA, FOR SUCH OTHER PURPOSES AS REQUIRED FOR REGISTERED AGENTS.

SUMMERWOOD ESTATES OF MADISON, LLC

DAVIS, MEMBER

Dated: MAY 24, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.

HENRY N. DAVIS Registered Agent

Dated: MAY 24, 2005

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