

U500005257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

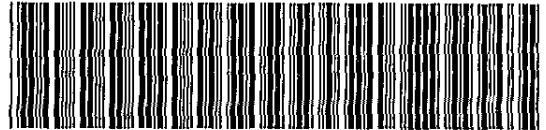
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MJH

05 MAY 20 PM 3:52



Oak Tree Circle  
A Mobile Home Community  
2445 NW 14<sup>th</sup> Place  
Gainesville, Florida 32605

May 2, 2005

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Enclosed are the Articles of Organization. I may be reached as follows:

Michael J. Fields  
2445 NW 14<sup>th</sup> Place  
Gainesville, FL 32605  
352/375-3894 Home  
352/538-6292 Cell

Thank you!

Michael J. Fields

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

**ARTICLE I – Name**

The name of the Limited Liability Company is: Oak Tree Circle, LLC

**ARTICLE II – Address**

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

**Principal Office Address:**

2445 NW 14<sup>th</sup> Place  
Gainesville, FL 32605

**Mailing Address:**

2445 NW 14<sup>th</sup> Place  
Gainesville, FL 32605

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

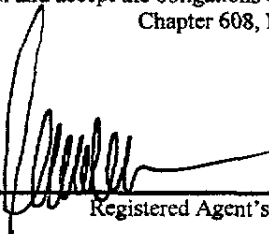
The name and the Florida street address of the registered agent are:

Randall N. Thornton  
Name

2008 North C-470  
Florida street address

Bushnell, Florida 33538  
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:**

Manager

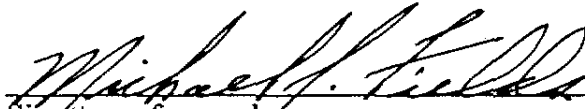
**Name and Address:**

Michael J. Fields  
2445 NW 14<sup>th</sup> Place  
Gainesville, Florida 32605

Manager

Margaret U. Fields  
2445 NW 14<sup>th</sup> Place  
Gainesville, Florida 32605

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature 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.)

Michael J. Fields

Typed name of signee