

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : WEISSMAN, NOWACK, CURRY & WILCO, P.C.  
Account Number : I20050000088  
Phone : (404)926-4500  
Fax Number : (404)926-4600

(please fax to 404-926-4843)

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

PALM HARBOR DEVELOPMENT, LLC

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALM HARBOR DEVELOPMENT, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

LINDA B. CURRY, ESQ.  
(Name of Person)

WEISSMAN, NOWACK, CURRY & WILCO, P.C.  
(Firm/Company)

ONE ALLIANCE CENTER, 3500 LENOX ROAD, 4TH FL  
(Address)

ATLANTA, GA 30326  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA B. CURRY at ( 404 ) 926-4516  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PALM HARBOR DEVELOPMENT, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1360 PEACHTREE STREET, SUITE 1000  
ATLANTA, GA 30309**Mailing Address:**1360 PEACHTREE STREET, SUITE 1000  
ATLANTA, GA 30309**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROADFlorida street address (P.O. Box NOT acceptable)PLANTATION 33324

FL

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.*

Jeremiah F. Aultman

Special Assistant Secretary

  
\_\_\_\_\_  
Registered Agent's Signature

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ATLANTA, GEORGIA

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**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

**Name and Address:**

MGRM

EDUARD DE GUARDIOLA

1360 PEACHTREE STREET, SUITE 1000

ATLANTA, GA 30309

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(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.)

LINDA B. CURRY, ESQ.

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 39.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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