

L05000061398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6/14

FLC  
need  
Walt  
6/21

Office Use Only



600055812486

06/14/05--01068--008 \*\*125.00

05 JUN 14 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEVITT AND SONS OF OSCEOLA COUNTY, 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:

JEFFERY HOYOS

(Name of Person)

C/O LEVITT AND SONS, LLC

(Firm/Company)

7777 GLADES ROAD, SUITE 410

(Address)

BOCA RATON, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS VASSOV

(Name of Person)

at ( 561 ) 482 5100 EXT 205

(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



Levitt and Sons, Inc.  
7777 Glades Road  
Suite 410  
Boca Raton, Florida 33434  
(561) 482-5100  
(561) 488-9188 Fax

Chris Vassov  
Accounting Manager

[chris.vassov@levittandsons.com](mailto:chris.vassov@levittandsons.com)

June 13, 2005

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Levitt and Sons of Osceola County, LLC

Dear Sirs,

Find attached :

- 1) Transmittal letter
- 2) Articles of Organization for Limited Liability Company
- 3) Check in the amount of \$ 125.00

for the above mentioned limited liability company

If you need further information please call me at  
(561) 482-5100 ext. 205.

Thank you for your assistance.

Sincerely,

JUN. 13. 2005 9:10AM L B F H INC

NO. 603 P. 2/2

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

The name of the Limited Liability Company is:

LEVITT AND SONS OF OSCEOLA COUNTY, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**7777 GLADES ROAD, SUITE 410BOCA RATON, FL 33434**Mailing Address:**7777 GLADES ROAD, SUITE 410BOCA RATON, FL 33434**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, Florida 33324

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..*

CT Corporation System

Registered Agent's Signature

**PETER F. SOUZA****REGISTERED SECRETARY**

(CONTINUED)

Page 1 of 2

 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 JUN 14 PM 3:00

**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

LEVITT AND SONS, LLC

7777 GLADES ROAD, SUITE 410

BOCA RATON, FL 33434

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

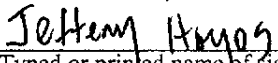
(Use attachment if necessary)

**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.)

  
\_\_\_\_\_  
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)**