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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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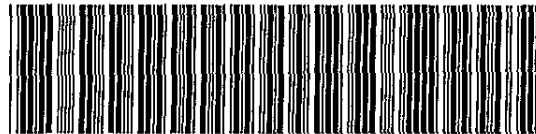
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05 JUN 16 PM 3:32

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUSCANY VILLAS PARTNERS, 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:

KURT S. HARMON, ESQ.

(Name of Person)

KURT S. HARMON, P.A.

(Firm/Company)

500 W. CYPRESS CREEK ROAD, SUITE 230

(Address)

FT. LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

KURT S. HARMON

(Name of Person)

at (954) 776-6200

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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

**ARTICLES OF ORGANIZATION
FOR
TUSCANY VILLAS PARTNERS, LLC**

05 JUN 14 PM 3:32

ARTICLE I - Name:

The name of the Limited Liability Company is:

TUSCANY VILLAS PARTNERS, LLC

ARTICLE II - Address:

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

11330 NW 6th Street
Plantation, FL 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ralph J. DiSalvo
11330 NW 6th Street
Plantation, FL 33325

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.



Ralph J. DiSalvo

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Ralph J. DiSalvo 11330 NW 6th Street Plantation, FL 33325
MGRM	Marrell F. Jerkins 14275 Laurel Trail Wellington, FL 33414
MGRM	Paul A. Olivarez 1311 Seminole Drive Ft. Lauderdale, FL 33304
MGRM	Scott Herubin 1311 Seminole Drive Ft. Lauderdale, FL 33304

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

Ralph J. DiSalvo
Typed or printed name of signee