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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 JUN 27 PM 12:19
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ashley development group, llc



Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

05 JUN 27 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ashley Development Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8431 SW 23 CT

MIRAMAR FL 33025

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

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

Craig Ashley
Name

8431 SW 23 CT

Florida street address (P.O. Box NOT acceptable)

MIRAMAR FL 33025

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

C. Ashley
Registered Agent's Signature

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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:

Mgr

Craig Ashley

8431 SW 23 CT

MIRAMAR FL 33025

Mgrm

Catherine Ashley

8431 SW 23 CT

MIRAMAR FL 33025

(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(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Craig Ashley

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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