

L05000064063

JUN 28-2005 TUE 04:03 PM

FAX NO.

Division of Corporations

Page 1 of 1

P. 01

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000158415 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (407) 205-0303

From: Account Name : FIELDSTONE NESTER WHEAR & DEXBERG
Account Number : 110990000180
Phone : (305) 357-5774
Fax Number : (305) 357-5534

LIMITED LIABILITY COMPANY

Bray & Gillespie XVII, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	012
Estimated Charge	\$155.00

RECEIVED

05 JUN 29 AM 8:11

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUN 28 A 9:38

FILED

6/28/2005

Name Availability	---
Document Examiner	DCC
Updater	non
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

(((H05000158415 3)))

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

The name of the Limited Liability Company is:

BRAY & GILLESPIE XVII, LLC**ARTICLE II - Address:**

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

600 North Atlantic Avenue
Daytona Beach, FL 32118**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Charles A. Bray
Name600 North Atlantic Avenue
Florida Street address (P.O. BOX NOT acceptable)Daytona Beach, FL 32118
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.

Charles A. Bray
Registered Agent's Signature**Article IV - Management (Check box if applicable.)**☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Charles A. Bray
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.)

Charles A. Bray,
Authorized Representative
Typed or printed name of signer

Secretary/Clerk/Manager & Officer/Member & all the same signatory

(((H05000158415 3)))

FILED
2005 JUN 28 A 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA