L050000068386

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	s)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
7/6	F	lc
	Office Use Only	



900056717809

07/06/05--01026--006 **130.00

M. HODGES

TRANSMITTAL LETTER

	ation Section on of Corporations		•	• • · · · · · · · · · · · · · · · · · ·
SUBJECT:	1453 Proctor, U.C.			
30 2 02011 <u>1</u>	(Name of Limited Lia	ability Company)		· · · ·
The enclosed A	ticles of Organization and fee(s) are submi	itted for filing.		
Please return all	correspondence concerning this matter to	the following:		
	Davis Winterroud (Name	e of Person)		 - • •
W. Bro	s Development Corporation	(Company)		<u> </u>
26	53 Stickney Point Road	ddress)		<u></u>
	SACASOM FL 34231 (City/State	and Zip Code)		مني بد
For further infor	mation concerning this matter, please call:	, ,		
DAVIO R	(Name of Person) at (941	hone Number)	·
Enclosed is a c	heck for the following amount:			
□ \$125.00 Filir	Certificate of Status Ce	ertified Copy Iditional copy is enclosed)	J \$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	••
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADD Registration Section Division of Corpo P.O. Box 6327	ion	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
2453 Proctor, UC		erna ost ā olus
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company	' is:
Principal Office Address:	Mailing Address:	
2653 Stickney Point Road Sarabota, FL 34231	SACASOTA FL 34231	÷
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:	
The name and the Florida street address of		
Davia R. Wints	Errowd Name	
2653 Stickney Florida st	Point Road treet address (P.O. Box <u>NOT</u> acceptable)	
SACASOTA City,	FL 34231 State, and Zip	
liability company at the place designate registered agent and agree to act in this contact statutes relating to the proper and comp	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment a apacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S	s f all nd

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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.)

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)

Typed or printed name of signee