L050000 75494

<u></u>	2005 JUL 27	A 10: 30
	SECRETARY THELPHASSE	U STATE
(Requestor's Name)	THELLITASSE	Eltronion
(ivednesmi s vame)	·	
(Address)		
(Address)		
(City/State/Zip/Phone	· #)	
	—	
PICK-UP WAIT	MAIL	
(Business Entity Nam	ne)	
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:		
și.	. I . I . I . I . I . I . I . I . I . I	
		ł

Office Use Only



500057303745

07/27/05--01010--002 **160.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED			
SUBJECT: WORTH REACTY, LLC (Name of Limited Liability Company)	2005 JUL 27 A 10: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
The enclosed Articles of Organization and fee(s) are submitted for filing.	- CONIDA			
Please return all correspondence concerning this matter to the following:				
STACEY L. WORTH (Name of Person)	.,			
WORTH CONSTRUCTION & DEVELOPMENT, INC. (Firm/Company)				
4815 US HWY 129 NORTH (Address)				
LIVE OAK, FLORIDA 32060 (City/State and Zip Code)				
For further information concerning this matter, please call:				
STACEY L. WORTH at (386) 364-93 (Name of Person) (Area Code & Daytime Teleph	330 none Number)			
Enclosed is a check for the following amount:				
Certificate of Status Certified Copy Control (additional copy is enclosed)	\$160.00 Filing Fee, ertificate of Status & Certified Copy additional copy is enclosed)			
STREET ADDRESS: MAILING ADDI	RESS:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

2005 JUL 27 A 10: 30 **ARTICLE I - Name:** SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the Limited Liability Company is:

WORTH REALTY

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

	17242111 12441 0000
4815 US HWY 129 N.	4815 US HWY 129 N
LIVE OAK, FL: 32060	LIVE OAK, FL 32040

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

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

STACE	4 L.	WO	RTH		
		Name			
8891	143	RD	DP	VE	
	Florida str	eet addi	ress (P.O	. Box <u>NO′</u>	racceptable)
LIVE	OAK		FL	320	60
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.

(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:	FILED
"MGR" = Manager "MGRM" = Managing Member "MGRM" = Managing Member	STACEY L. WORTH 8091 143 RD DR LUE OAK, FL 37	2005 JUL 27 A 10: 30 SECRETARY OF STATE IALLAHASSEE, FLORIDA
And the second district of the second		·
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is reques	sted.
REQUIRED SIGNATURE:		
Signature of a member	or an authorized representative of a memb	 er.
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perju	1
STACEY L Type	. WORTH ed 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)