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# TRANSMITTAL LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Prestige Homes	of REUNION, LLC Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Becky B	ame of Person)	
Prestige Homes of	REUNION, LLC	
215 Celebration Place # 190 (Address)		
Celebration FL 34747 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Gene learico (Name of Person)	at (47 ) 908 0009 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING ADDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
^		

Prestige Homes of REUNION, LLC

### **ARTICLE II - Address:**

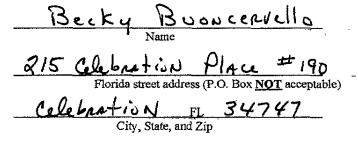
**ARTICLE I - Name:** 

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

Principal Office Address:	Mailing Address:
215 Celebration Place	215 Celebration Place
# 190	# 190
Celebration FL 34747	Celebration F1 34747

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

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



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:

<u>Title:</u> "MGR" = Manage "MGRM" = Mana	
MGRM	Becky Buoncentello 215 Glebration Place #190 Celebration Fl 34747
Mer	Angela Buoncenvello 215 celebration Place #190 Celebration Fl 34747
MGR	MARILYN Terrico 4877 LAKE Gila Dr
	Nasimmu Fl 34746
(Use attachment if	necessary)
NOTE: An addit	ional article must be added if an effective date is requested.
REQUIRED SIG	NATURE:
_	x Beek Burgerlo
\$	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.)
	Becky Buon cenvello Typed or printed name of signee
	Typed 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)