

LD5000084878

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 26 PM 1:57

N. Culligan AUG 26 2005

TRANSMITTAL LETTER

Department of State of Florida
Division of Corporations – Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: AFFORDABLE FLORIDA LIVING, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

- | | | |
|--|-----------------------|-------------|
| <input checked="checked" type="checkbox"/> | \$125.00 (Filing Fee) | |
| <input type="checkbox"/> | Other Fee \$ | Description |
| <input type="checkbox"/> | Other Fee \$ | Description |

FROM: Gary M. Lein
7200 Bridle Path
Saint Cloud, FL 34771

CONTACT PHONE NUMBER: 407.301.1241

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFFORDABLE FLORIDA LIVING, LLC

ARTICLE II - Address:

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

Principal Office Address:

7200 BRIDLE PATH

SAINT CLOUD, FL 34771

Mailing Address:

7200 BRIDLE PATH

SAINT CLOUD, FL 34771

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

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

GARY M. LEIN

Name

7200 BRIDLE PATH

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

SAINT CLOUD

FLORIDA 34771

City, State, and Zip

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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, Florida Statutes..

Gary M. Lein

Registered Agent's Signature

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:

MGRM

GARY M. LEIN

7200 BRIDLE PATH

SAINT CLOUD, FL 34771

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gary M. Lein

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.)

GARY M. LEIN

Typed or printed name of signee

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DIVISION OF CORPORATIONS
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Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)