

L05000088058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

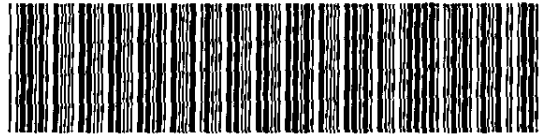
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CALL  
AUG 1

Office Use Only



500059000505

RECEIVED  
05 SEP - 6 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 SEP - 6 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP - 6 PM 3:05

RECEIVED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 7, 2005

HARRY DAVIS  
CSC  
TALLAHASSEE, FL

SUBJECT: BATTLEVIEW-SCHILLER PROPERTIES, LLC  
Ref. Number: W05000041446

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for BATTLEVIEW-SCHILLER PROPERTIES, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The company can't have an August 1 effective date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 805A00055503

FILED  
05 SEP -6 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 SEP -7 PM 1:07  
Buck Kohr  
Document Specialist  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 580611 7376179

AUTHORIZATION :

COST LIMIT : \$ 155

FILED  
05 SEP -6 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 6, 2005

ORDER TIME : 1:01 PM

ORDER NO. : 580611-005

CUSTOMER NO: 7376179

CUSTOMER: Ms. Geri L. Smith  
Law Office Of Donald P.  
Decort, P.a.  
Suite 3  
115 S. Fielding Avenue  
Tampa, FL 33606

DOMESTIC FILING

NAME: BATTLEVIEW-SCHILLER  
PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is **Battleview-Schiller Properties, LLC**

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 550 N. Reo Street, Suite 300, Tampa, Florida 33609

**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of September 6th, 2005

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Ron K. Bailey, 550 N. Reo Street, Suite 300, Tampa, Florida 33609

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree in this capacity. I further agree to comply with the provision 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.

  
\_\_\_\_\_  
RON K. BAILEY

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
RON K. BAILEY

FILED  
05 SEP - 6 PM 3:05  
TALLAHASSEE FL 32304