## L05000088475

	(Request	or's Name)	
	(Address	)	
	(Address	)	
	(City/Stat	e/Zip/Phone	#)
PICK-UF	· [	MAIT	MAIL
	(Busines	s Entity Nam	ne)
	(Docume	nt Number)	
Certified Copies		Certificates	of Status
Special Instructions	to Filing	Officer:	
am <b>e</b> vailabili <b>ty</b>			1
Document Namin vr	D: .of	ce Use Onl	у
	טרט		
स्था ज्ञा कैंपन्न	DCC		
koknowledgement	DCC		
W. P. Verifyer	DCC		



900059170019

09/01/05--01019--024 \*\*375.00

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 4928 Gold Trees Wa	LLC Limited Liability Company)
The enclosed Articles of Organization and fee(s)	
Please return all correspondence concerning this  Robert A. DeVellis,	
	(Name of Person)
Blair & Potts	
	(Firm/Company)
P.O. Box 1214	
	(Address)
Stamford, CT 069	904-1214
	(City/State and Zip Code)
For further information concerning this matter,	please call:
Robert A. DeVellis, Esq. (Name of Person)	at ( 203 ) 327-2333
Enclosed is a check for the following amount	nt:
\$125.00 Filing Fee ☐ \$130.00 Filing F     Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
4928 Gold Trees Way, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8131 Palmer Blvd.	8131 Palmer Blvd.	
Sarasota, FL 34240-9414	Sarasota, FL 34240-9414	
ARTICLE III - Registered Agent, Registered  The name and the Florida street address of the re  Michael P. Beasley	egistered agent are:	
Name		
8131 Palmer Blvd.		
Florida street addi	ress (P.O. Box NOT acceptable)	
Sarasota	34240-9414	

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..

City, State, and Zip

Registered Agent's Signature

Michael P. Beasley

(CONTINUED)

## 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" = Manage "MGRM" = Mana					
MGRM		Michael P. Beasley			
		8131 Palmer Blvd.			
		Sarasota, FL 34240-9414			
MGRM		Christina M. Beasley			
	<del></del>	8131 Palmer Rlvd.			
		Sarasota, FL 34240-9414			
	<del></del>				
			EGO NO		
(Use attachment i	f necessary)		F5 3		
NOTE: A-AA	tional auticle must be a	added if an effective data is magnester			
NOTE: An addi	monai article must be a	added if an effective date is requested	Marian Linear Linear		
REQUIRED SIGNATURE:					
	_				
		h _			
	Signature of a member or	an authorized representative of a member.	15° <b>.</b>		
	Michael P. B	easley			
		608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)			
	Michael	P. Beasley			
	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)