L05000104495

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Table Manne)				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

TO: Registra Division		ection rporations		
SUBJECT:		Maguire Prope		
		(Name of Limite	d Liability Company)	
		f Organization and fee(s) are s	ū	
Please return all	corresp	ondence concerning this matte	er to the following:	
		James I		
		(1	Name of Person)	
			Properties, LLC	
		(Firm/Company)	
		04040	7-11	
		34649 V	/alley Hill Lane (Address)	
			(* 1001 100)	
		Eustis .	FL 32736	
			State and Zip Code)	
For further inform	nation o	concerning this matter, please	call:	
	James	Bowers	at (407) 760-3711	
<u> </u>	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a cl	neck fo	r the following amount:		
Ø \$125.00 Filin	g Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed
	STRE	ET ADDRESS:	MAILING A	DDRESS:
	Registr	ration Section	Registration Section	
	409 E.	on of Corporations Gaines Street	Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Florida 32314		



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECHETATI COMPANY TAIL AHASSEE, FLORIDA

ARTICLE I - Nan	ne:	If there .			
The name of the Li	mited Liability Company is	::			
Maguire Properties, I	LLC	·			
ARTICLE II - Ad The mailing addres		principal office of the Limited Liability Company is:			
Principal Office A	ddress:	Mailing Address:			
34649 Valley Hill Lar	ne	34649 Valley HIII Lane			
Eustis, FL 32736		Eustis, FL 32736			
	egistered Agent, Registere	d Office, & Registered Agent's Signature:			
	James Bowers				
	Name	e			
	34649 Valley Hill Lane				
	Florida street address (P.O. Box NOT acceptable)				
	Eustis,	FL 32736			
	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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title	Nama and Adduses	0506120
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARI UF STATE TALLAHASSEE, FLORIDA
MGR	James Bowers	
	34649 Valley Hill Lane	
	Eustis, FL 32736	
MGRM	James Harrison	
	11520 Kanuba Ct	
	Clermont, FL 34715	
(Use attachment if necessary)		
NOTE: A. J.P	(111.1°C CC /* - 1	• 4 7

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

REQUIRED SIGNATURE:

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.)

James Bowers

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)