

L05000107096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

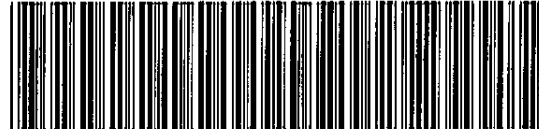
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700060995797

11/04/05--01001--001 **155.00

RECEIVED
05 NOV -3 PM 3:04
STATE
OFFICE OF
TALLAHASSEE, FLORIDA

RECEIVED
05 NOV -3 PM 6:35
STATE
OFFICE OF
TALLAHASSEE, FLORIDA

GRAY | ROBINSON
ATTORNEYS AT LAW

SUITE 600
301 SOUTH BRONOUGH ST. (32301)
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
gray-robinson.com

CLERMONT
KEY WEST
LAKELAND
MELBOURNE
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

November 3, 2005

Division of Corporations
2661 Executive Center
Circle West
Tallahassee, FL 32301

Via Hand Delivery

05 NOV -3 PM 6:35
TALLAHASSEE, FLORIDA

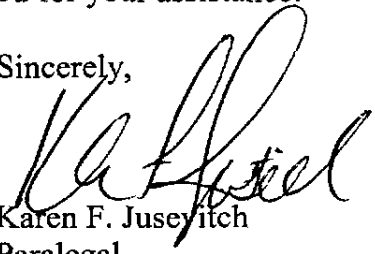
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and to obtain a **CERTIFIED COPY** for the following entity:

BOYD WINTER SPRINGS, LLC

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely,


Karen F. Jusevitch
Paralegal

/kfj
Enclosures

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

BOYD WINTER SPRINGS, LLC

ARTICLE II – Address:

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

7586 W. SAND LAKE ROAD
ORLANDO, FLORIDA 32819

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

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

LISA A. SPECHT, ESQ.
GRAYROBINSON, P.A.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FLORIDA 32801

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

Article IV – Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

LISA A. SPECHT, ESQ.
Typed or printed name of signee

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)