

205000111268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

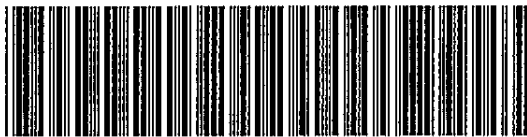
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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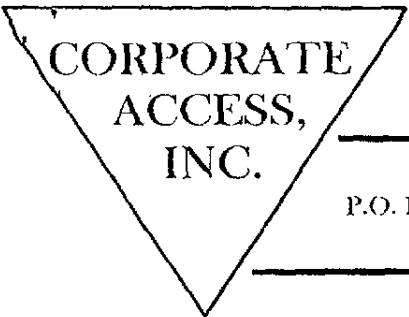


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TALLAHASSEE, FLORIDA

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LLC

1. South Bay Williams Estates, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**SOUTH BAY WILLIAMS ESTATES, LLC**

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**ARTICLE I - Name of the limited liability company:** The name of the Limited Liability Company shall be

**SOUTH BAY WILLIAMS ESTATES, LLC**

**ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address

1383 Oakfield Drive  
Brandon, Florida 33511

Mailing Address

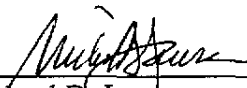
1383 Oakfield Drive  
Brandon, Florida 33511

**ARTICLE III - Resident Agent, Registered Office, & Registered Agent's Signature:**  
The name and street address of the registered agent are:

Michael D. Lawrence  
1383 Oakfield Drive  
Brandon, Florida 33511

*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.*

Date: 11/07/05

  
\_\_\_\_\_  
Michael D. Lawrence

**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:**

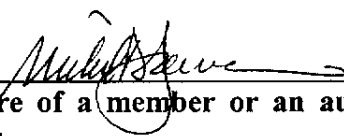
"MGR" = Manager

"MGRM" = Managing Member

MGRM

Michael D. Lawrence  
1383 Oakfield Drive  
Brandon, Florida 33511

**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.)

\_\_\_\_\_  
Michael D. Lawrence  
Typed or printed name of signee