

L05000111801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

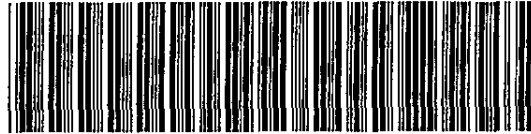
(Document Number)

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

Special Instructions to Filing Officer:

JK  
11/18

Office Use Only



000061083020

EFFECTIVE DATE  
11/01/06

11/14/05--01037--024 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 14 PM 3:55

APPROVED  
AND  
FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 6140 Town Center Circle, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Pastoor  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4531 Prescott Lane  
(Address)

Naples, FL 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Sandra Pastoor at (305) 205-1497  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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

EFFECTIVE DATE  
11/01/06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

6140 Town Center Circle, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4531 Prescott Lane  
Naples, FL 34119

#### Mailing Address:

4531 Prescott Lane  
Naples, FL 34119

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Sandra Pastor  
Name

4531 Prescott Lane  
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34119  
City, State, and Zip

05 NOV 14 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*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.*

Sandra Pastor  
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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Sandra Pastoor  
4531 Prescott Lane  
Naples, FL 34119

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sandra Pastoor  
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.)

Sandra Pastoor  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 14 PM 3:55

APPROVED  
AND  
FILED

**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)

Please make effective page 2 of 2

11/1/06 Sandra Pastoor