## L05000119806

(	(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:





100061851011

12/16/05--01008--010 \*\*125.00



ACCOUNT NO.: 07210000032
REFERENCE: 759676 7125725
AUTHORIZATION :
COST LIMIT : \$ PPD
ORDER DATE: December 15, 2005
ORDER TIME: 2:43 PM
ORDER NO. : 759676-005
CUSTOMER NO: 7125725
DOMESTIC FILING
NAME: TURNBERRY COLONY OF OHIO LLC
EFFECTIVE DATE:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd - EXT. 2940
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Turnberry Colony o	f Ohio LLC	
		any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A The mailing addr		of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1800 Moler Road,		1800 Moler Road
Columbus, Ohio 432	207	Columbus, Ohio 43207
The name and the	• Florida street addres  Corporation Service Co	s of the registered agent are: ompany
		Name
	1201 Hays Street	
		a street address (P.O. Box <u>NOT</u> acceptable)
	Tallahassee	FL 32301
	Ci	ity, State, and Zip
liability comp registered agent statutes relatin	oany at the place design and agree to act in thi: g to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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:
Ari Deshe, MGR	393 N. Columbia Ave.
	Bexley OH 43209
Ann Deshe, MGR	393 N. Columbia Ave Bexley OH 43209
	- -
	· -
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing: . (OPTIONAL
effective date is listed, the date must l 0 days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
L 11	
	OV ( ) .
Signature of a memb	ber or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
(In accordance with so of this document cons	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)