Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000288889 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: SHUFFIELD LOWMAN Account Number : 120030000118

Phone

: (407)581-9800

Fax Number

(407) 581-9801

### LIMITED LIABILITY COMPANY

HONEYCUTT GROVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electropic Filing Menu.

Corporate Filing

**Bublic Access Hold** 

# ARTICLES OF ORGANIZATION OF HONEYCUTT GROVE, LLC A Florida Limited Liability Company

#### ARTICLE I NAME

The name of this limited liability company is HONEYCUTT GROVE, LLC, referred to in these Articles of Organization as the "Company".

### ARTICLE II MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company are as follows:

P.O. Box 3508 Orlando, FL 32802

### ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on December 13, 2005, or if later, such date as if five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

### ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

W. Charles Shuffield, Esq. 1000 Legion Place, Suite 1700 Orlando, FL 32801

### ARTICLE V MANAGEMENT

The Company is to be a manager-managed company. A manager may receive compensation for his/her services.

### ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

Charles E. Bradshaw, Jr., as Authorized Representative

## ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.

W. Charles Shuffield, Eso