# Florida Department of State

**Division of Corporations** Public Access System

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(((H06000055420 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

: GRAY, HARRIS & ROBINSON, P.A. - ORLAŅΌΟ Account Name

Account Number : I20010000078 : (407)843~8880 Phone

Fax Number : (407)244-5690

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## **BOYD DEVON PARK, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

H06000055420 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOYD DEVON PARK, 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:

> SCOTT T. BOYD 7586 W. SAND LAKE ROAD ORLANDO, FLORIDA 32819

Having been named as registered agent and to occupt service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment us 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 AGEN

Article IV - Management:

The Limited Liability Company is to be managed or more pranagors and is, therefore, a "manager-managed" limited liability

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.

SCOTT T, BOYD

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)

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