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PICK-UP WAIT MAIL	
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### DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD ST. AUGUSTINE, FL 32084

TELEPHONE (904) 826-1987

EMAIL andrews@david-m-andrews.com

FAX (904) 826-4236

March 10, 2006

Registration Section Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: ST. AUGUSTINE RESIDENTIAL DESIGN, LLC

Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is cour check in the amount of \$130.00 to cover the following:

Filing Fee for Articles of Organization Designation of Registered Agent Certificate of Status

\$ 100.00

Certificate of Status

If the Articles of Organization meet with your approval, please execute return to my office.

Respect fully yours,

David M. Andrews

DMA:dds/2847 Enclosures

Payrer.d

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### ST. AUGUSTINE RESIDENTIAL DESIGN, LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

701 Palm Hammock Circle St. Augustine, FL 32095

701 Palm Hammock Circle St. Augustine, FL 32095

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

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

THEODORE E. GLADU
Name

701 PALM HAMMOCK CIRCLE Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE, FL 32095 City, State, and Zip

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..

Registered Agent's Signature

Page 1 of 2

## 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

MORNE

THEODORE E. GLADU

701 PALM HAMMOCK CIRCLE

ST. AUGUSTINE, FL 32095

(Use attachment if necessary)

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

**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.)

THEODORE E. GLADU

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)