

L06000029101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

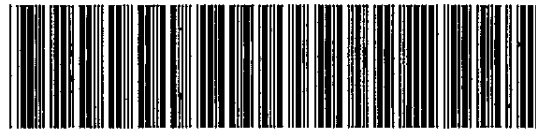
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700067682727

03/14/06--01059--015 **160.00

FILED
2006 MAR 14 PM 1:45
TALLAHASSEE, FLORIDA

J. BRYAN MAR 20 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Island Sunset Vistas, 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:

James M. Turner

(Name of Person)

(Firm/Company)

11280 6th Street East

(Address)

Treasure Island, FL 33706

(City/State and Zip Code)

FILED
2006 MAR 14 PM 1:45
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deby Reid

(Name of Person)

at (727) 215-4819

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Treasure Island Sunset Vistas, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

11280 6th Street East
Treasure Island, FL 33706

Mailing Address:

11280 6th Street East
Treasure Island, FL 33706

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Deby Reid

Name

11285 6th Street East

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

Treasure Island FL 33706

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 (REQUIRED)

(CONTINUED)

Page 1 of 3



FILED
2006 MAR 14 PM 1:45
TALLAHASSEE, FLORIDA

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

James M. Turner
11285 6th Street East
Treasure Island, FL 33706

MGRM

Tina Turner
11280 6th Street East
Treasure Island, FL 33706

MGRM

Timothy Reid
11285 6th Street East
Treasure Island, FL 33706

MGRM

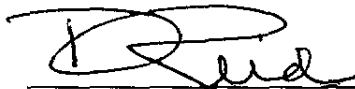
Deby Reid
11285 6th Street East
Treasure Island, FL 33706

(Use attachment if necessary)

See attached

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Deby Reid

Typed or printed name of signee

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)

FILED
2006 MAR 14 PM 1:45
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jeffrey T. Lund

499 Hills Lane Drive

El Cajon, CA 92020

MGRM

Holly Lund

499 Hills Lane Drive

El Cajon, CA 92020

FILED
2006 MAR 14 PM 1:45
TALLAHASSEE, FLORIDA