

L06000037071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

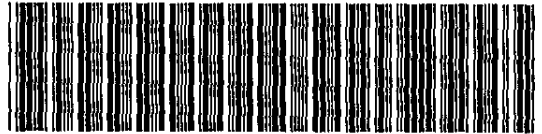
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/10/06 --01047--005 \*#001.00

FILED

RECEIVED

2006 APR 10 PM 2:54

06 APR 10 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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2006 APR 10 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- Legacy Fountains, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

### NEW FILINGS

|                                     |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | Non-Profit        |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

### AMENDMENTS

|                          |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

### OTHER FILINGS

|                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

### REGISTRATION/QUALIFICATION

|                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign             |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement       |
| <input type="checkbox"/> | Trademark           |
| <input type="checkbox"/> | Other               |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
LEGACY FOUNTAINS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

2006 APR 10 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

**ARTICLE I -- NAME**

The name of the limited liability company shall be **Legacy Fountains, LLC** ("company").

**ARTICLE II -- ADDRESS**

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

| <i>Mailing Address</i>                                  | <i>Street Address</i> |
|---|-----------------------|
| 14029 Newberry Road, Suite 1<br>Newberry, Florida 32669 | same                  |

**ARTICLE III -- DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual or until the company is dissolved earlier as provided in these articles of organization or in the Regulations.


**ARTICLE IV -- REGISTERED AGENT, REGISTERED OFFICE AND  
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida are as follows:

Ronald A. Carpenter  
5608 NW 43<sup>rd</sup> Street  
Gainesville, FL 32653

*Having been named as the 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 of registered agent as provided in F.S. Chapter 608.

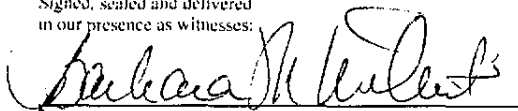
  
Ronald A. Carpenter, Registered Agent

#### ARTICLE V -- MANAGEMENT

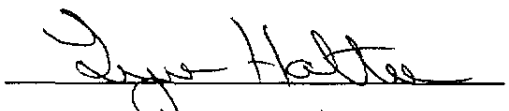
The company shall be managed by the members in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Gainesville, Florida, on this 7<sup>th</sup> day of April, 2006.

Signed, sealed and delivered  
in our presence as witnesses:


  
Printed name **BARBARA M. WILHITE**

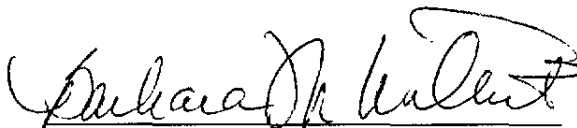
  
RONALD A. CARPENTER

  
Printed name Lynn Holton

STATE OF FLORIDA  
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 7<sup>th</sup> day of April, 2006, by Ronald A. Carpenter, who ☒ is personally known to me or ☐ has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC STATE OF FLORIDA  
 **Barbara M. Wilhite**  
Commission #DD403856  
Expires: APR. 03, 2009  
Bonded Thru Atlantic Bonding Co., Inc.

  
Notary Public