

### Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : COBB & COLE Account Number : I20030000050 Phone : (386)255-1811 Fax Number : (386)238-7003

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Forest Green LLC

| Certified Copy 1 Page Count 03 |    |
|--------------------------------|----|
|                                |    |
| Cating and Change              | -  |
| Estimated Charge \$155.        | 00 |

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May-9-06 11:55;

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

torest Green 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:   | Mailing Address:  | 38<br>38  | <b>일</b> |   |
|---|---|-----------|----------|---|
| 18 Utility Drive<br>Palm Coast, FL 32137  | PO BOX 354425<br>Palm Coast, PL 321   | CRETAR    | P-YAM    | 7 |
| ARTICLE III - Registered Agent, Registered of (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signed Agent. You must designate an individual | CE MINIOR | AM 10: L | C |
| The name and the Florida street address of the re   | gistered agent are:   | Ş, m      |          |   |
| Palmetto Char   | eter Services, Inc.   |           |          |   |

Magnolia Ave
Planda street address (P.O. Box NOT acceptable)

tona Beach, FL 32114 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..

Rhydstered Agent's Signature (REQUIRED)
Thomas S. Nart, Vice President

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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| The name and address of each h   | Manager or Managing Member is as follows:  |  |  |  |
|--|--|--|--|--|
| <u>Title:</u> "MGR" - Manager "MGRM" = Managing Member   | Name and Address:  |  |  |  |
| <u>mgrm</u>  | Samuel E. Cline ROBOX 625 Bunnell, FL 32110  |  |  |  |
| marm   | Diane J. Cline<br>POBOX 267<br>Flagler Beach, FL 32136   |  |  |  |
| mGRM   | Lokraine Bonillon DER BUNNELL PL 32110   |  |  |  |
| marm   | Scott D. Sowers  File A North Caral Rect CAR Palm Coast, FL 32137 58                                     |  |  |  |
| (Use attachment if necessary) -  | - Sec attached 景州 5  |  |  |  |
| ARTICLE V: Effective date, if other the (if an effective date is listed, the date m to or 90 days after the date of filing.) | an the date of filing: N/17 (OPTIONAL) sust be specific and cannot be more than five business days prior |  |  |  |
| 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

I E. Cline magra-

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

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ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows: Title:
"MGR" = Manager Name and Address: "MGRM" = Managing Member MGRM