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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tree of Life Properties L.L.C.	
(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:	
Frederick D. Gorini	
(Name of Person)	
Tree of Life Properties L.L.C.	
(Firm/Company)	
135 Brookside Drive  (Address)	
	2
Port Orange, FL 32128 (City/State and Zip Code)	不
	10
For further information concerning this matter, please call:	PH
Frederick D. Gorini <sub>at (</sub> 386 ) 843-2261	06 KAY 18 PH 12: 45
(Name of Person) (Area Code & Daytime Telephone Number)	5
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy. (additional copy is enclosed) \$\bigcup \\$ \$160.00 Filing Fee, 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	
Frankrika D. Comp.	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Tree of Life Properties L.L.C.	
	", "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
· ·	
Principal Office Address:	Mailing Address:
Tree of life Properties L.L.C.	Tree of Life Properties L.L.C.
135 Brookside Drive	<del></del>
	135 Brookside Drive
Port Orange, FL 32128	Part Overse El 00400
Port Orange, FL 32128  ARTICLE III - Registered Agent, Regi	Part Overse El 00400
Port Orange, FL 32128  ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the street ad	Part Overse El 00400
Port Orange, FL 32128  ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its over business entity with an active Florida registration.)	Part Overse El 00400
Port Orange, FL 32128  ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the street ad	Port Orange, FL 32128  istered Office, & Registered Agent's Signature:  on Registered Agent. You must designate an individual or another  of the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the Frederick D. Gorini  135 Brookside Drive	Port Orange, FL 32128  istered Office, & Registered Agent's Signature:  on Registered Agent. You must designate an individual or another  of the registered agent are:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the Frederick D. Gorini  135 Brookside Drive	Port Orange, FL 32128  istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:  Name

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 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
"MGR"	Frederick D. Gorini
	135 Brookside Drive
	Port Orange, Fl 32128
"MGRM"	Philomena Gorini
	135 Brookside Drive
	Port Orange, FI 32128
	he date of filing:(OPTIONAL)
(Has attachment if negacing)	
(Use attachment if necessary)	in the second se
ICLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
effective date is listed, the date must	be specific and cannot be more than five business days prior
90 days after the date of filing.)	,
DECILIDED SIGNATURE.	
REQUIRED SIGNATURE:	V
Signature of a Hom	sher 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

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)

Frederick D. Gorini

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)