

L06000054029

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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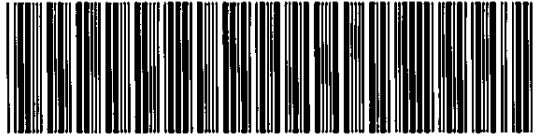
(Business Entity Name)

(Document Number)

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(CLAUDE R. WALKER, ESQ.)  
HUEY, GUILDAY & TUCKER, P.A.  
P. O. BOX 12500  
TALLAHASSEE, FL 32317-2500

Address

Attn: Julie 224-7091  
City/State/Zip Phone #

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

1. Avonley Development, LLC  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

**ARTICLES OF ORGANIZATION FOR  
AVONLEY DEVELOPMENT, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
2006 MAY 25 PM 2:14  
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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is Avonley Development, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

2509 Barrington Circle  
Tallahassee FL 32308

**Mailing Address:**

Same

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**

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

James Jarrett  
2509 Barrington Circle  
Tallahassee FL 32308

*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..*

  
\_\_\_\_\_  
JAMES JARRETT

**ARTICLE IV – Management:**

The name and address of the Manager is as follows:

**Title:**

**Name and Address:**

MANAGER

James Jarrett  
2509 Barrington Circle  
Tallahassee FL 32308

MANAGER

Gary Zenz  
2509 Barrington Circle  
Tallahassee FL 32308

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member:**

  
James Jarrett

(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.)