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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Solvision of Co		-	
SUBJECT: ME	RRITT LAND COMPAN	Y, LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
JOSE <u>PH B. "BU</u>	D'CRISAFULLI		
	(1	Name of Person)	
•			
	. (Firm/Company)	
55	25 NORTH COURTENA	Y PARKWAY	
ME	RRITT ISLAND, FL	(Address) 32953	
ALL THE STATE OF T	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Rachel White	omb	321 453-71	31
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	x \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MERRITT LAND COMPANY, 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:

5525 North Courtenay Pkwy Merritt Island, FL 32953 5525 North Courtenay Pkwy Merritt Island, FL 32953

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:

JOSEPH	В.	"BUD"C	RISAFU	JLLI			
		5525	NORTH	Name COUR	TENAY	PARKWA	Y
	·		Florida st	reet addr	ess (P.O.	Box <u>NOT</u> a	cceptable)
		MERRITT	ISLA	ND	FL	329	53
		,	City	State ar	id Zin		

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..

J. pn

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 OIVISION OF CORPORATIONS

OF MAY 19 AM 11.50

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

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

MGRM	Joseph B."Bud"Crisafulli 5525 N Courtenay Parkway
	Merritt Island, FL 32953
MGRM	Mary Carol Crisafulli
	5525 N Courtenay Parkway
	Merritt Island, FL 32953
Use attachment if ne	cessary)

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.)

Joseph B. Bud Crisafulli

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)