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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 26 AM 9:25

B. McKnight JUN 02 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orchard Park Apartments Associates, LLC
(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:

John Simpson
(Name of Person)

(Firm/Company)

450 South Mills River Road
(Address)

Horse Shoe NC 28742
(City/State and Zip Code)

For further information concerning this matter, please call:

John Simpson
(Name of Person)

at (828) 280 6036
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orchard Park Apartments Associates 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:

23123 S. State Road 7, suite 240
Box 1 Raton, FL 33428

Mailing Address:

(same)

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:

James N. Gordon

Name

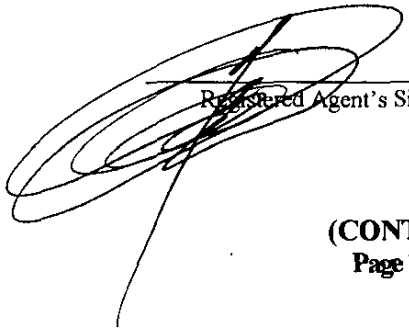
23123 S. State Road 7, suite 240

Florida street address (P.O. Box **NOT** acceptable)

Box 1 Raton FL 33428

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

E. Stanley Kroonke
1001 Cherry Street #308
Columbia MD 65201

MGRM

Gordon Property Company xxx, LLC.
23123 S. State Road 7, Suite 240
Boca Raton FL 33428

MBR

Midwest Diversified Employer Benefit Plan Trust
23123 S. State Road 7, Suite 240
Boca Raton FL 33428

MBR

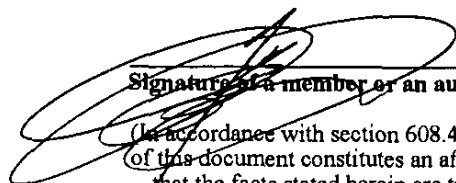
JTS Investment Company of Florida LLC.
23123 S. State Road 7, Suite 240
Boca Raton, FL 33428

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

James N. Gordon, MGRM, Gordon Property Company xxx, LLC.

Typed or printed name of signee
MGRM GPC Realty (S.C.) Investments, LLC.

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)