

L06000069142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700076571777

07/12/06--01009--023 **130.00

FILED

2006 JUL 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 JUL 12 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/State/Zip

850-222-2785

Phone #

FILED
2006 JUL 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1- TWIN VILLAS DEVELOPMENT, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
TWIN VILLAS DEVELOPMENT, LLC**

FILED
2006 JUL 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is **TWIN VILLAS DEVELOPMENT, LLC**.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 661 Boundary Boulevard, Rotonda, FL 33947.

ARTICLE III - Registered Agent and Registered Office

The name and street address of the registered agent of the Company is Hratch Darakjian, 661 Boundary Boulevard, Rotonda, FL 33947

ARTICLE IV - Management


The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

ARTICLE V - Member Managers

The name of the Member Manager of TWIN VILLAS DEVELOPMENT, LLC is as follows:

Hratch Darakjian, 661 Boundary Boulevard, Rotonda, FL 33947

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 11th day of July, 2006.

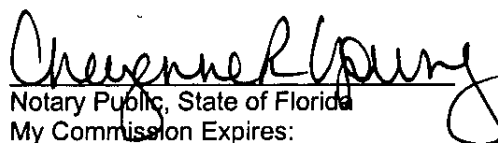

Hratch Darakjian, Member/Manager

STATE OF FLORIDA)
COUNTY OF CHARLOTTE)

The foregoing instrument was sworn to and acknowledged before me this 11th day of July, 2006, by Hratch Darakjian, who is [☒] personally known to me or who has [] produced _____ as identification and who did take an oath.




Cheyenne R. Young
My Commission DD267660
Expires November 16, 2007


Notary Public, State of Florida
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of TWIN VILLAS DEVELOPMENT, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 11th day of July, 2006.



Hratch Darakjian