うつつ ちれ (Requestor's Name) τ. (Address) 500078114795 (Address) (City/State/Zip/Phone #) 07/31/06--01023--010 **160.00 PICK-UP WAIT MAIL (Business Entity Name) 06 AUG 31 PH 1:28 (Document Number) AHASSEE, F Certified Copies __ Certificates of Status Special Instructions to Filing Officer:

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COVER LETTER

TO: **Registration Section Division of Corporations**

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Brooks Seaside Cottage, LLC SUBJECT: (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:

Fabian Bagdes, Esquire

(Name of Person)

Bagdes & Bagdes

(Firm/Company)

407 N. Wild Olive Avenue

(Address)

Daytona Beach, FL 32118

(City/State and Zip Code)

For further information concerning this matter, please call:

Fabian Bagdes, Esquire (Name of Person)

86 258-7171 (Area Code & Daytime Telephone Number) 386

Enclosed is a check for the following amount:

S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

X \$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

SECRETARY OF ALLAHASSEE, F 90 AUG 31 PH 1:28



The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be BROOKS SEASIDE COTTAGE, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 9 Sandpoint Circle, Ormond Beach, Florida 32174. This is also the mailing address of the company.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agente company in the state of Florida are:

> Joseph S. Palmer 9 Sandpoint Circle Ormond beach, FL 32174

ARTICLE IV - MANAGEMENT

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

Joseph S. PalmerJohn E. Bailey9 Sandpoint Circle5062 Sable Hammock CircleOrmond beach, FL 32174Port Orange, FL 32128

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the date of filing.

ARTICLE VI - PURPOSE

The purpose for which the company is formed is to market fractional shares of the residential real property located at 12 Brooks Drive, Ormond by the Sea, Florida 32176, more specifically described as follows:

Lot 7, Ormond by the Sea, according to the map or plat thereof as recorded in Plat Book 19, Page 34, Public Records of Volusia County, Florida.

Parcel I.D. No. 4203-08-00-0070

The company will also cover future maintenance of the above described property.

Under penalties of perjury, and in accordance with section 608.408(3), Florida Statutes, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

IN WITNESS WHEREOF, we have signed our names this -----day of July, 2006.

alner

Bailey

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STATE OF FLORIDA COUNTY OF VOLUSIA

On this 25° day of July, 2006, before me, the undersigned authority, appeared JOSEPH S. PALMER, who is personally known to me or who has produced <u>FL driver's license</u> identification, and whose name is subscribed to the within instrument and having been duly sworn she acknowledged that she executed the same for the purposes contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

Notary Signature

Seal:

STATE OF FLORIDA COUNTY OF VOLUSIA

On this 25 day of July, 2006, before me, the undersigned authority, appeared JOHN E. BAILEY, who is personally known to me or who has produced <u>FL driver's license</u> identification, and whose name is subscribed to the within instrument and having been duly sworn she acknowledged that she executed the same for the purposes contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

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Notary Signature

Seal:

Fablan Bagdes Commission # DD508092 Expires February 13, 2010 + 15 nded Troy Fain - Incurance, Inc. 800-365-7019

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Fabian Bagdes Commission # DD508092 Expires February 13, 2010

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Under the provisions of F.S. 608.415 or 608.507, BROOKS SEASIDE COTTAGE, LLC, submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is BROOKS SEASIDE COTTAGE, LLC.

2. The name and address of the registered agent in Florida are:

Joseph S. Palmer 9 Sandpoint Circle Ormond beach, FL 32174

The undersigned, being the person named in the articles of organization of BROOKS SEASIDE COTTAGE, 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 his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

foseph'S. Palmer Registered Agent