## L040000080835

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
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06 AUG 15 PM 2: 49
SECRETARY OF STATE
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## COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Palm Coast (Name of Limite	Homescapes, d Liability Company)	LLC
The enclosed Articles of O	rganization and fee(s) are so	ubmitted for filing.	
<del>-</del>	dence concerning this matte		
	Ann McArd	le	
Pa	Im Gast Hor	nescapes, LLC	<u>.                                    </u>
	(	Firm/Company)	
30	107 Oakhu	rst Blud.	
		(Address)	
Sa	rasota Flo	orida 3423	3
	(City)	(State and Zip Code)	
For further information cor	ncerning this matter, please	call:	
Ann McA	rdle	at (941 ) 379-	3681
(Name of	Person)	at (941) 379- (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the	he following amount:		
	] \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	us

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3907 Cathurst Blud.	4411 Bee Ridge Rd #381
Sarasota florida 34233	Sarasota, FL 34233
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	ne registered agent are:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

Ann McArdle

Name

3907 Oakhurst Blud.

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

Sarasota FL 34233

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 O6 AUG 15 PH 2: 49

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address:	
MGR	Ann McArdle 3907 Cakhurst Blvd. Sarasota Florida 24233	
(Use attachment if ne	cessarvì	
TICLE V: Effective date,	if other than the date of filing: 8-11-06. (OPTIO) the date must be specific and cannot be more than five business of	
REQUIRED SIGNA		
	(sun ouclasdo	
Sigr (In a of t	nature of a member or an authorized representative of a member.  accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)  Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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