

106 000 103350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

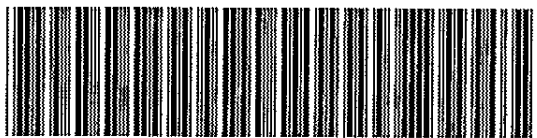
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

106-103350  
gl

# HESSION & FERRANTE

ATTORNEYS AT LAW

P.O. BOX 16718

JACKSONVILLE, FLORIDA 32245-6718

E-MAIL: HESSION@HESSIONLAWFIRM.COM

TELEPHONE: (904) 247-8989

FACSIMILE: (904) 247-7003

FRANK W. HESSION

LAURA L. FERRANTE \*+

\*Board Certified Workers' Compensation

+Supreme Court Certified Circuit Mediator

PARALEGAL

VICKY SWANN

PAULA THOMAS

October 17, 2006

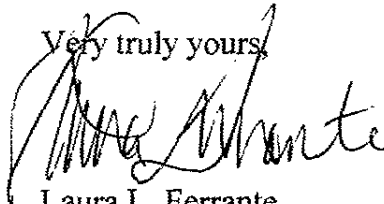
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Selva Preserve, LLC

Dear Sirs:

Enclosed please find the Articles of Organization for the above Limited Liability Company as well as my check for \$125.00 for the filing fee and fee for Designation of the Registered Agent. Should you require anything further from me in forming this LLC, please do not hesitate to give me a call.

Very truly yours,



Laura L. Ferrante

LLF/lr  
enclosure

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Selva Preserve, 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:

Laura L. Ferrante

(Name of Person)

Hession & Ferrante

(Firm/Company)

248-3 Levy Road

(Address)

Atlantic Beach, Florida 32233

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Ferrante

(Name of Person)

at ( 904 )

247-8989

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Selva Preserve, 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:

248 Levy Road  
Atlantic Beach, Florida 32233

#### Mailing Address:

248-3 Levy Road  
Atlantic Beach, Florida 32233

### 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 a separate business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Laura L. Ferrante

Name

248-3 Levy Road

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

Atlantic Beach FL 32233

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)

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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

North Florida Pioneers, Inc.

248-3 Levy Road

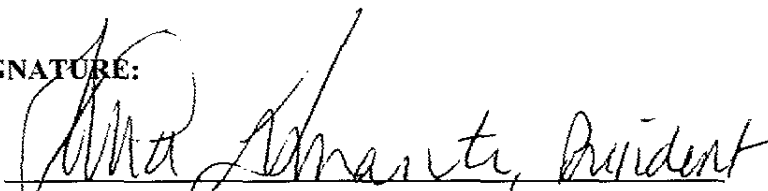
Atlantic Beach, Florida 32233

(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.)

Laura L. Ferrante, President

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)

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TALLAHASSEE, FLORIDA

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