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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Myers Park Townhouses 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:	
Mike Pagozalski	
(Name of Person)	*
Myers Park Townhouses LLC	
(Firm/Company)	* 100
P.O. Box 11070	77
(Address)	2
Tallahassee, Fl 32302	7 1
(City/State and Zip Code)	أسسا
For further information concerning this matter, please call:	
Mike Pagozalski <sub>at (</sub> 850 <sub>)</sub> 528-5585	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\begin{align*} \begin{align*} \text{\$130.00 Filing Fee & Certificate of Status} \end{align*} \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \end{align*} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$160.00 Fili	

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:

Myora Bark Townhouses II C	
Myers Park Townhouses 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:	Mailing Address:
310 Blount Street Suite 108	P.O. Box 11070
Tallahassee, Fl 32301	Tallahassee, FI 32302
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
Mike Pagozalski	
1	Name
310 Blount Street Suit	e 108
Florida stre	eet address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, S	State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S  Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## 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" = Managing Member	Name and Address:
	Nélico Domanolati
MGRM	Mike Pagozalski P.O. Box 11070
	Tallahassee, FI 32302
MGRM	Steve Lohbeck
	P.O. Box 11070
	Tallahassee, Fl 32302
	To Part III
	J. 10
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: . (OPTIONAL)
	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a mem	aber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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