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# GRAY ROBINSON

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PH L:

January 10, 2007

## VIA HAND DELIVERY

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Good Partin Corners, LLC Our File No. 390238–1

Dear Madam or Sir:

# Enclosed for filing are an ORIGINAL AND ONE COPY of ARTICLES OF ORGANIZATION for GOOD PARTIN CORNERS, LLC. Please FILE the Articles and ISSUE A CERTIFIED COPY.

I have enclosed a check in the amount of \$155.00 to cover the fees for this request. Please contact me at 577-9090 if additional funds are due. Otherwise, please call me when the certified copy is ready to be picked up. Also, please date-stamp the copy of this letter attached.

Thank you for your assistance.

Sincerely,

Maci-Lo Lewis Welk

Mari–Jo Lewis–Wilkinson Paralegal

Enclosures

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I – Name:**

The name of the Limited Liability Company is:

### GOOD PARTIN CORNERS, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### 174 WEST COMSTOCK AVENUE, SUITE 114 WINTER PARK, FLORIDA 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

### JAMES BALLETTA 301 E. PINE STREET, SUITE 1400 ORLANDO, FLORIDA 32801

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..

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REGISTERED AGENT'S SIGNATURE  ARTICLE IV - Management: The Limited Liability Company is to be managed by one or more managers and is, therefore a manager-	198 198 198
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an	<u> </u>
AUTHORIZED REPRESENTATIVE'S SIGNATURE	
AUTHORIZED REFRESENTATIVE S SIGNATORE JAMES BALLETTA Typed or printed name of signee	
FILING FEES: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)	