(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#
(Oil)	y/Otate/Zip/i Holle	<del>"</del> )
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(	<b>,</b>	,
(5)		
(D0	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
Special instructions to i		<b>\</b>
•	1991	'\
	P.	
l <u> </u>		

Office Use Only



200084559072

07/18/07--01010--020 \*\*125.00

## **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJE	Pasco	Land Development G	roup, LLC I Liability Company)	· · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Julia Lentz			
,		(1	Name of Person)	
	Pasco Lan	d Development Grou	ıp, LLC	
•		(	Firm/Company)	
	7845 Quai	il Hollow Blvd.		
•			(Address)	
,	Wesley Cl	napel, FL 33544		
•		(City/	State and Zip Code)	
For fur	her information	concerning this matter, please	call:	
Julia Lentz		at ( 813 ) 973-230	0	
	(Name of Person)		at (813 973-230) (Area Code & Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:		
\$125	.00 Filing Fee	\$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the	<b>ame:</b> Limited Liability Compa	ıny is:	
		,	
	elopment Group, LLC		
(Must end with the wo	rds "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "I	C.,")
ARTICLE II - A The mailing addr		the principal office of the Limited Liabili	ty Company is:
Principal Office Address:		Mailing Address:	
7845 Quail Hollow B	lvd.	7845 Quail Hollow Blvd.	
Wesley Chapel, FL 3	3544	Wesley Chapel, FL 33544	
			<del></del>
(The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)	stered Office, & Registered Agent's Signal Registered Agent. You must designate an individual of the registered agent are:	
Name			<b>8</b> 58
	7845 Quail Hollow Bl	vd.	S~
	Florida st	reet address (P.O. Box NOT acceptable)	OF STATE
	Wesley Chapel	FL 33544	T ALE
	City,	State, and Zip	N.S.
liability comp registered agent statutes relatin	pany at the place designate and agree to act in this can get to the proper and compulingations of my position and the computations of the properties of the position of the computation	and to accept service of process for the above ed in this certificate, I hereby accept the appacity. I further agree to comply with the lete performance of my duties, and I am fan as registered agent as provided for in Chapter Signature (REQUIRED)	pointment as provisions of all niliar with and

(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:

anc	d Ac	<u>ddre</u>	ss:					
.entz	<u>.</u>							
uail H	Hollov	w Blvd	1.					_
y Cha	apel,	FL 3	3544					_
l Lent	ıtz.							
Quail I	Hollo	w Blv	/d.	· · · · · · · · · · · · · · · · · · ·				_
Chap	pel, F	L 335	544					_
								_
								<del></del>
							(OPTI	
nd c	cann	ot b	e moi	re th	an f	five b	usines	s da
ابد								
D								
Prize	ed re	nrese	entativ	e of s	a me	em her		
/		•					•	
}(3), J	Flori	ida Sta	atutes,	the ex	xecu	ıtion		
				-				e penalties of perjury

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)

Julia Lentz

Typed or printed name of signee