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EFFECTIVE DATE 1-1607

## **COVER LETTER**

TO: Registration So Division of Co				
<sub>SUBJECT:</sub> Canop	y Lane Developers, L	LC		
		d Liability Compa	ny)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing		
Please return all corresp	ondence concerning this matte	er to the following:	:	
Frank J. G	issaro, Esq.			
	(	Name of Person)		
Albertelli &	Halsema, P.L.			
•	(	(Firm/Company)		
208 North	Laura Street, Suite	900		
		(Address)		
Jacksonvi	lle, FL 32202			
-	(City	/State and Zip Code	)	
For further information	concerning this matter, please	call:		•
Frank J. Gissaro	, Esq.	at ( 904	356-475	5
(Name	of Person)	at ( <u>904</u> ) (Area Code	& Daytime T	elephone Number)
Enclosed is a check for	or the following amount:			
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy i	,	\$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	Registration Division of Clifton Budget 2661 Execution 2661	of Corporatio	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	S:
Canopy Lane Developers, LLC	
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4055 Evergreen Village Square #260	4055 Evergreen Village Square #260
San Jose, CA 95135	San Jose, CA 95135
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	
Albertelli & Halsema, P.L.	
Nam	e
208 North Laura Street, S	Suite 900
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Jacksonville	FL 32202
City, State	a, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

FFFECTIVE DATE 1-10-07

## 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" = Managi	Name and Address:  ng Member	
•	MGRM	Todd Jones	
		4055 Evergreen Village Square #260	
		San Jose, CA 95135	
	MGRM	Terry Jones	
		531 South 6th Street	
		Fernandina Beach, FL 32034	
			<del></del>
	<u>- m</u>		
			****
	(Use attachment if n	ecessary)	
If an		the date must be specific and cannot be more than five	(OPTIONAL) business days prior
	REQUIRED SIGN	ATURE:	
			_
	Sig	pature of a member of an authorized representative of a memb	er.
	õf	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjulat the facts stated herein are true.)  Tank Gissan as Authorzed Rogentahia.  Typed or printed name of signee	iny and Jones

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)