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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opcolar mandalona to 1 milg officer.

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COVER LETTER

TO: Registration Se Division of Co.				
SUBJECT: SW 42	nd Terrace Road, LLC	>		
	(Name of Limite		npany)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for fil	ing.	
Please return all corresp	ondence concerning this matte	r to the followi	ng:	
Deanna Cl	otfelter			
	(1	Name of Person)		
	···			·**
	(Firm/Company)		
2515 SE 1	9th Circle			
		(Address)		
Ocala, Flo	orida 34471		•	_
	(City	State and Zip Co	ode)	
For further information	concerning this matter, please	call:		
1 Or Thimses surveymental	concounting and maner, process	our.		
Brenda Henson	at (801	494-849		
(Name	of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & opy	S160.00 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	Registi Divisio Cliftor 2661 I	Courier Address ration Section on of Corporation 1 Building Executive Center	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Compar	my, "Limited Company" or their abbreviation "LLC," or "L.C.,")	(%)
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Company	/ is:
Principal Office Address:	Mailing Address:	
2515 SE 19th Circle	2515 SE 19th Circle	
Ocala, Florida 34471	Ocala, Florida 34471	
business entity with an active Florida registration.) The name and the Florida street address Deanna Clotfelter		<u> </u>
2515 SE 19th Circle	e SSE	, <u>-</u>
	street address (P.O. Box NOT acceptable)	
Ocala,	FL 34471	5
Cit	ty, State, and Zip	<u></u>
liability company at the place design	t and to accept service of process for the above stated lim nated in this certificate, I hereby accept the appointment a s capacity. I further agree to comply with the provisions o	s

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Deanna Clotfelter 2515 SE 19th Circle Ocala, Florida 34471 (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.) Deanna Clotielter Typed or printed name of signee

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)