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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TI MO

# **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	CT: RESID	ENTIAL PROPERTIE	S, LLC		
		(Name of Limite	d Liability Company	<i>(</i> )	
		of Organization and fee(s) are s			
Please	return all corresp	condence concerning this matte	er to the following:		
	CRAIG A.	<del></del>			
		(	Name of Person)		
1	BRYAN, B	RADLEY & WILLIAN	1S, LLC		
		(	Firm/Company)		
-	3003 TAM	IIAMI TRAIL NORT			
			(Address)		
<u> </u>	NAPLES,	FL 34103			
		(City	(State and Zip Code)		
For furt	her information	concerning this matter, please	call:		
CRAIG A. BRYAN			at ( 239 ) 2	261-724	8
(Name of Person)		(Area Code &	Daytime Te	elephone Number)	
Enclose	ed is a check fo	or the following amount:			
<b>▼</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy (additional copy is e.	_	\$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/Cour Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporation ding tive Center	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	$\mathbf{R}^{\gamma}$	ГΙ	CI	$\mathbf{L}\mathbf{E}$	I	-	N	ame	:
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The name of the Limited Liability Company is:

#### RESIDENTIAL PROPERTIES, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

Dringing Office Address.

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

Frucipal Office Address:	Maning Address:
3003 TAMIAMI TRAIL NORTH, STE 210	3003 TAMIAMI TRAIL NORTH, STE 210
NAPLES, FL 34103	NAPLES, FL 34103

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BRYAN, B	RADLEY & WILLIAMS, LLC
	Name
3003 TAM	IIAMI TRAIL NORTH, STE 210
	Florida street address (P.O. Box NOT acceptable
NAPLES	FL 34103
	City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 2007 APR 18 PM 3:57
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## 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 Mem	Name and Address:
MGRM	WILLIAM J. BRADLEY
	3003 TAMIAMI TRAIL NORTH, STE 210 NAPLES, FL 34103
	NAPELO, I E 34 103
(Use attachment if necessary	·)
ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior )
REQUIRED SIGNATURE	Ball
Signature of	f a member or an authorized representative of a member.
of this docur	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury cts stated herein are true.)

Filing Fees:

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

WILLIAM J. BRADLEY

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

ECRETARY OF STATE

Typed or printed name of signee