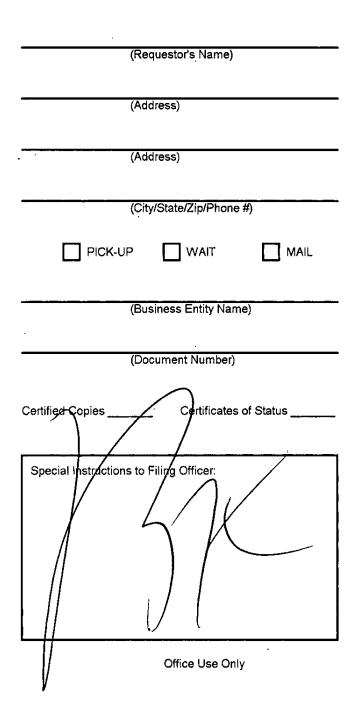
L07000043952





300095503903

04/25/07--01012--002 **125.00



FILED

07 APR 25 PM 1: 38

ECRETARY OF STATE
IN APPASSE FLORIDA

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: 200 CLIFFSIDE, LLC
(Name of Limited Liability Company)
SUBJECT: 200 CLIFFSIDE, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
<u>y</u>
(Name of Person)
Hayward & Grant, P.A.
(Firm/Company)
2121-G Killarney Way
(Address)
Tallahassee, FL 32309
(City/State and Zip Code)
For further information concerning this matter, please call:
Kimberly L. King _{at (} 850) 386-4400
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Malling AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF 200 CLIFFSIDE, LLC A Florida Limited Liability Company

ARTICLE I - NAME

The name of the limited liability company is 200 Cliffside, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

7038 Bradfordville Road Tallahassee, Florida 32309 7038 Bradfordville Road Tallahassee, Florida 32309

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Kimberly L. King 2121-G Killarney Way Tallahassee, Florida 32309

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..

Kimberly L. King

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Kimberly Shalley Gabbard 7038 Bradfordville Road Tallahassee, Florida 32309

REQUIRED SIGNATURE:

(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.)

Kimberly Shalley Gabbard
Typed or printed name of signee

Z.\GABBARD, KIMBERLY SHALLEY\200 Cliffside, LLC\Articles of Organization (LLC).wpd