

L07000071332

(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:

Office Use Only



100102089231

EFFECTIVE DATE

7/9/07

FILED

07 JUL 10 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 JUL 10 PM 2:45  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

EFFECTIVE DATE 7/9/07

ACCOUNT NO. : 072100000032

REFERENCE : 989756 81011A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
07 JUL 10 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 10, 2007

ORDER TIME : 12:25 PM

ORDER NO. : 989756-005

CUSTOMER NO: 81011A

DOMESTIC FILING

NAME: THE LANDINGS AT TARPON, LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

EFFECTIVE DATE 7/9/07

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is THE LANDINGS AT TARPON, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 201 N. Armenia Ave., Tampa, Florida, 33609.

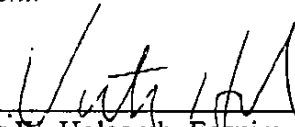
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of July 9, 2007.

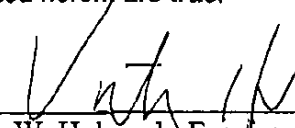
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Avenue, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**FILED**  
07 JUL 10 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA