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SECRETATY OF STATE
TAIL AHASSEE, FLORIDI

## CÓVER LETTER

TO:	Registration So Division of Co			
SUBJ	<sub>ECT:</sub> Briarwo	ood Cityhomes, LLC (Name of Limite	d Liability Company)	
The en	nclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	oondence concerning this matter	er to the following:	
	David A. F			
		(	Name of Person)	
	Briarwood	Cityhomes, LLC		
		(	(Firm/Company)	
	222 West	Bay Drive, Suite C		
		***	(Address)	
	Largo, Flo	rida 33770		
			/State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
			at ()(Area Code & Daytime To	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclo	sed is a check fo	or the following amount:		
□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Briarwood Cityhomes, LLC		
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC,	," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
222 West Bay Drive, Suite C, Largo,Florida 33770	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an indiv	idual or another
The name and the Florida street address of the r	egistered agent are:	FIL' 07 JUL 17 SECRETAK TALLAHASS
David A. Fleeman		発行を示
Name		FILED JUL 17 AM CRETARY OF LLAHASSEE, I
222 West Bay Drive		AMII: 41 Y OF STATE SEE, FLORID
Florida street add	lress (P.O. Box NOT acceptable)	ELG =
Largo,	FL 33770	STATE FLORIDA
City, State, a	and Zip	<b>P</b>
Having been named as registered agent and to	accept service of process for the	above stated limited

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

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title. Name and Address:

MGRM	L.A.N.D, LLC
<del></del>	
<u> </u>	
	<del></del>
(Use attachment if necessary)	
	ne date of filing: (OPTION be specific and cannot be more than five business date

**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.)

Typed or printed name of signee

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)