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(Req	uestor's Name)
(Add	ress)	
(Add	ress)	——————————————————————————————————————
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	ARGYLL NEWLANDS	LLC	
	(Name of Limite	ed Liability Company)	
The enclosed Article	es of Organization and fee(s) are s	submitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	ROSS W CAMPBEL	L	
· · · · · · · · · · · · · · · · · · ·	((Name of Person)	
	ARGYLL NEWLANDS L	LC	
		(Firm/Company)	
26	07 S. Woodland Bl	vd. #224	
		(Address)	
De	land, Florida 32	720-7001	
<u> </u>	(City	/State and Zip Code)	
For further informati	on concerning this matter, please	call:	
	Campbell	at (386) 736.7 (Area Code & Daytime T	7831
(Na	ame of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		2007 J SECH TALLA
] \$125.00 Filing Fo	ee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S \$160.00 Filing Fee, Certificate of Status & C 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

San Contract of the Contract of

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ARGYLL NEWLANDS LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
<u>2607 S. Woodland Blvd. #224</u> Oeland, Florida 32720-7001	2607 S. Woodland Blvd. #224 Deland, Florida 32720–7001
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are.
Ross W Campbe Name	11
Name	
2607 S. Woodland	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
	<u>FL 32720-700</u> 1 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, E.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

18-11-01-in

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	lember
MGRM	ROSS W CAMPBELL
	2607 S. Woodland Blvd. #224
	Deland, Florida 32720-7001
	
	arv)
(Use attachment if necess	
CLE V: Effective date, if of	ther than the date of filing: August 1, 2007 . (OPTIONAL
CLE V: Effective date, if of	ther than the date of filing: August 1, 2007 . (OPTIONAL date must be specific and cannot be more than five business days
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ICLE V: Effective date, if of effective date is listed, the 690 days after the date of fili	ther than the date of filing: August 1, 2007. (OPTIONAL date must be specific and cannot be more than five business days ng.)
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ICLE V: Effective date, if of effective date is listed, the 690 days after the date of fili	ther than the date of filing: August 1, 2007. (OPTIONAL date must be specific and cannot be more than five business days ng.)
ICLE V: Effective date, if of effective date is listed, the effective days after the date of fili REQUIRED SIGNATURE	ther than the date of filing: August 1, 2007. (OPTIONAL date must be specific and cannot be more than five business days ng.)
CLE V: Effective date, if of effective date is listed, the composition of the date of fill REQUIRED SIGNATURES	ther than the date of filing: August 1, 2007. (OPTIONAL date must be specific and cannot be more than five business days ng.)

ROSS W CAMPBELL
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)