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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

	(Name of Person) (Area Code & Daytime Te	lephone Number)
RONALD	at (	
For further infor	rmation concerning this matter, please call:	9: 5t STATE LORIDA
	(City/State and Zip Code)	"T1
·	VENICE, FL 34292	SEE A IN
	(Address)	No.
	200 CAPRI ISLEŞ BLVD., SUITE 2	<u> </u>
	(Finite Company)	O7
	(Firm/Company)	•
	T&H COMPTROLLERS, INC.	
	(Name of Person)	
	RONALD HOGARTH	
	Please return all correspondence concerning this matter to the	e following:
The enclosed Art	ticles of Organization and fee(s) are submitted for filing.	•
	(Name of Limited Liability Company)	<del></del>
SUBJECT:	BANYAN-BUILDS DEVEROFMEN	rs llc
	ation Section n of Corporátions	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

BANYAN - BUILDS DEVER	DPMENTS, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
200 CAPRI TELES BLUD.	PO BOX 302			
VENICE, FL 34292	1532 US 41 BYPASS			
•	VENICE FL 34293			
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered  The name and the Florida street address of the registered  Name  200 APRI ISLE  Florida street address (P.O. Box No. 1)  City, State, and Zip	ed agent are:  HASSEE, FLORIDA  SAVO:			

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	STANLEY COOK 10520 YONGE ST. UNIT 35 B STE. 192 RICHMOND HILL, ONT 14C 3C7 CANADA		
	07 OCT -4 SECRE (AN) TALLAHASS		
(Use attachment if necessary)	AM 9: 51, COF STATE EE, FLORIDA		
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED SIGNATURE:	<u></u>		
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.)			
STANLEY COOK			
Typed of printed name of signee			

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)