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D. BRUCE

DEC 27 2007

EXAMINER

COVER LETTER

,	то:	Registration Section . Division of Corporations		` *ti		
	SUBJE	~ - ^				
		(Name of Limi	ited Liability Com	pany)		
	The end	closed Articles of Organization and fee(s) are	e submitted for fili	ng.		
	Please r	eturn all correspondence concerning this ma	tter to the followin	ıg:		
		Linda Townsend-Jolley				
	•		(Name of Person)	_	SEC	* 07 D
		Townsend & Co. Real Esta	te, LLC		RETA) AHAS)EC 2
			(Firm/Company)		SEE.	7 P
		P. O. Box 2401			FST	PHF
	-		(Address)		- 2	ં 39
		Ocala, FL 34478			, æ	
	_	(C	ity/State and Zip Cod	de)		
	For furt	her information concerning this matter, pleas	se call:			
	Linda	a Townsend-Jolley	at (352	, 812-4367	7	
		(Name of Person)	(Area Co	de & Daytime Telep	phone Number)	_
	Enclos	ed is a check for the following amount:		•		
	\$125. 0	00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co	~	\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section n of Corporations Building secutive Center Ci ssee, FL 32301	rcie	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com Townsend & Co. Real Estate	e, LLC				
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:				
1301 NE 14th St.	P O Box 2401				
Ocala, FL 34470	Ocala, FL 34478				
business entity with an active Florida registration.) The name and the Florida street address Linda Townsel	s of the registered agent are: AHASSER OCC 27 OCC 27 OCC 27 OCC 27 OCC 27				
Name 17156 NW 86th Terr. Florida street address (P.O. Box NOT acceptable)					
	street address (P.O. Box NOT acceptable)				
Reddick, FL 3	2686 _{FL}				
Ci	ty, State, and Zip				
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Ma "MGRM" = N	nnager Managing Member	Name and Address:
MGR		Linda Townsend-Jolley
		P O Box 2401
		Ocala, FL 34478
	<u> </u>	
		
		
(Use attachme	ent if necessary)	
ARTICLE V: Effecti	ive date, if other than the	e date of filing: (OPTIONAL)
	s listed, the date must b	e specific and cannot be more than five business days prior
o or 50 days after the	e date of ming.)	
REQUIRED	SIGNATURE:	H
	SIGIMITORE.	AL.
KLQUIKED		
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KEQUIKED	Leu	AFE CORE TO
KEQUIKED	Signature of a membe	er or an authorized representative of a member 27
MIQUINED	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution
Nagonass	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution
<u>ragy 0 stable</u>	(In accordance with sec of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution

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)