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·	To: Division of Corporations Fax Number : (850)617-6383	SECRETAR IVISION OF C
	From:	A CRED
	Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192	ERATION 19:09

Electronic Filing Menu

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### SHADOWBROOK AT VERO, LLC, a Florida Limited Liability Company

(Must end with the words "I united Lightlin Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address;

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

#### Mailing Address:

11309 South Indian River Drive

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Port Saint Lucle, FL 34982

11309 South Indian River Drive Port Salni Lucle, FL 34982

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

## JOHN Q. NAIMI

Name

11309 South Indian River Drive

Florida street address (P.O. Box NOT acceptable)

Port Saint Lucie, FL 34982

City, State, and Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. Thather agree to comply with the provisions of all statutes relating to the proper and complete performance of my dates, and Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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Registered Agent's Signature (REQUIRED)

(CONTINUED) Page1 of2



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

Name and Address:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM	JOHN Q. NAIMI
	1 1309 South Indian River Drive
•	Port Sain: Lucie, FL 34982
•	
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

or acoul

Signature of a member or an authorized representative of a member.

(In necordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

JOHN Q, NAIML

Typed or printed name of signee

Filling Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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