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SECRETARY OF STATE SECRETARY OF CORPORATIONS

ON MAY -5 PH 4: 09

J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SUMMERPARK HOLD	DINGS, LLC	
· · · · · · · · · · · · · · · · · · ·	nited Liability Company)	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
RALPH FONDEUR		
	(Name of Person)	•
***************************************	(Firm/Company)	•
6285 COPPER LAKE COL	JRT	
	(Address)	<u>:</u>
BOYNTON BEACH/ FL 3	(Address) 8 3437	WISION OF CO
(City/State and Zip Code)	ب. ح
For further information concerning this matter, ple	P); **
RALPH FONDEUR	_{at} 561 , 756-2959	,
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	l)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

office of the Limited Liability Company is
ing Address:
COPPER LAKE COURT
TON BEACH/ FL 33437
1

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

RALPH FONDEUR

ARTICLE I - Name:

Name

6285 COPPER LAKE COURT

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

BOYNTON BEACH/ Fit 33437

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, 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

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

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

MGRM	RALPH H. FONDEUR 6285 COPPER LAKE COURT	
	BOYNTON BEACH/ FL 33437	
MGRM	RUTH ELLEN FONDEUR	
	6285 COPPER LAKE COURT	
	BOYNTON BEACH/ FL 33437	
		Ç
(Use attachment if no		
CLE V: Effective date ffective date of days after the date of	than the date of filing: (OPTION must be specific and cannot be more than five business dates and cannot be more than five business dates.	IAL) ays [

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.)

RALPH H. FONDEUR

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)