**Division of Corporations** Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001284173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CARLTON FIELDS

Account Number : 076077000355 Phone

: (813)223-7000

Fax Number

: (813)229-4133

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bartram Village Partners #6, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |
|                       |          |

A. LUNT EXAMINER

Electronic Filing Menu

Corporate Filing Menu

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: BARTAM VILLAGE PARTNERS # 6, LLC. (Name of Limited Liability Company)                                                                                                                                                                                                                |
| The enclosed Articles of Organization and fee(s) are submitted for filing.                                                                                                                                                                                                                    |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                                                                     |
| J. THOMAS DADSON (Name of Person)                                                                                                                                                                                                                                                             |
| (Mame or redoc)                                                                                                                                                                                                                                                                               |
| BARTRAM VILLAGE PARTHERS #6, LIC PM =                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                               |
| (Pina/Company)                                                                                                                                                                                                                                                                                |
| 700 YOUTE VEDRA LAKES BLUD.                                                                                                                                                                                                                                                                   |
| (Address) reject W                                                                                                                                                                                                                                                                            |
| PONTE VEDRA BENCH FLA 32082                                                                                                                                                                                                                                                                   |
| (City/State and Zip Code)                                                                                                                                                                                                                                                                     |
| (City/State and Zip Code)                                                                                                                                                                                                                                                                     |
| For further information concerning this matter, please call:                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                               |
| J. THOMAS DODGON 11 ( 904 ) 280.7100                                                                                                                                                                                                                                                          |
| (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                               |
| Enclosed is a check for the following amount:                                                                                                                                                                                                                                                 |
| \$125.00 Filing Fee & \$\ \text{S130.00 Filing Fee & Certificate of Status} \]  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Actifren Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314  Street/Courier Address Registration Section Division of Corporations Cifron Building Tallahasses, FL 32314  Z661 Bxecutive Center Circle Tallahassoc, FL 32301                            |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                                                                                                                                                                                                                                   |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The name of the Limited Liability Company is:                                                                                                                                                                                                       |        |
| BARTARM VILLAGE PARTNERS #6, 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 Compa                                                                                                                                                       | ny is: |
| Principal Office Address: Mailing Address:                                                                                                                                                                                                          | }      |
| 700 PONTE VEDRA LAKES BUD SAME PER                                                                                                                                                                                                                  | Π      |
| POUTE VEDRA BEACH, I-LA                                                                                                                                                                                                                             | :      |
| 32087-                                                                                                                                                                                                                                              | , !    |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual organities cartry with an active Florida registration.) |        |
| The name and the Florida street address of the registered agent are:                                                                                                                                                                                | ,      |
| J. THOMAS DODSON Name                                                                                                                                                                                                                               |        |
| 700 POWIE UEDRA LAKES BLVD  Florida street address (P.O. Box NOT acceptable)                                                                                                                                                                        |        |
| PONTE VEDRA BEROH FI. 32082-                                                                                                                                                                                                                        |        |

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)

(CONTINUED)
Page 1 of 2

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

| (Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| RTICLE V: Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)  REQUIRED SIGNATURE:  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 perfurite that the facts stated herein are true.)   | MGRM_                                                    | 700 PONTE VEDRA LAKES BLUD                    |
| RTICLE V: Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)  REQUIRED SIGNATURE:  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 perfurite that the facts stated herein are true.)   |                                                          |                                               |
| ARTICLE V: Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfurites that the facts stated herein are true.) | ·                                                        |                                               |
| If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfusy that the facts stated herein are true.)                                                                  | (Use attachment if necessary)                            |                                               |
| Signature of a member or an authorized representative of a member.  (In accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfurit that the facts stated herein are true.)  T. THO MAS DODSON                                                                                                                                                                                                                     | I an effective date is listed, the date must be a        |                                               |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parties; that the facts stated herein are true.)  T. THO MAS DODSON                                                                                                                                                                                                                                                                                         | REQUIRED SIGNATURE:                                      | MAY 13                                        |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parties, that the facts stated herein are true.)  J. Tho MAS DODSON                                                                                                                                                                                                                                                                                         | Signature of a member of                                 | r on authorized representative of a member    |
| J. THOMAS DODSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (In accordance with section of this document constituted | m 609.408(3), Florida Statutes, the execution |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | J. THOM                                                  | <b></b>                                       |

Page 2 of 2

\$125.90 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)