

LO8000103435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500137465035

11/03/08--01010--013 **125.00

FILED
08 NOV -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 5 2008

EXAMINER



TERESA L. MEISNER
PARALEGAL
616.396.3216
FAX 616.494.3516

tmeisner@wnj.com

October 27, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **Redlum South, LLC**

Dear Sir/Madam:

You will find enclosed two duplicate copies of Articles of Organization for a new limited liability company to be known as Redlum South, LLC. Also enclosed is our check in the amount of \$125 in payment of the filing fee. Once the Articles have been filed please return proof of filing to me by stamping the additional copy and returning it to me in the enclosed self-addressed, stamped return envelope.

If you have any questions relating to this filing request please contact me at 616-396-3216. Thank you.

Very truly yours,

A handwritten signature in cursive script that reads 'Teresa L. Meisner'.

Teresa L. Meisner

TLM/no
Enclosures
IID88936-1

FILED
08 NOV -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Redham South, 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:

8870 N. Sea Oaks Way, Unit 304

Vero Beach, Florida 32963

Mailing Address:

8870 N. Sea Oaks Way, Unit 304

Vero Beach, Florida 32963

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 or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

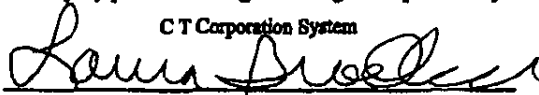
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

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.

C T Corporation System



Registered Agent's Signature (REQUIRED)

Laura Broderick
Assistant Secretary

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Larry Mulder

8870 N. Sea Oaks Way, Unit 304

Vero Beach, Florida 32963

(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:

Karen Mulder

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.)

Karen L. Mulder, as trustee of the Karen L. Mulder Trust dated
October 5, 1981, as amended

Typed or printed name of signer

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)

FILED
08 NOV - 3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA