

**LD8000105761**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

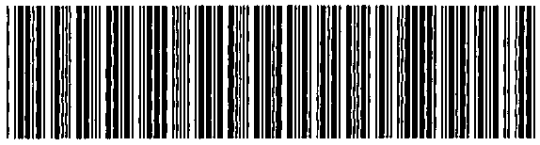
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Office Use Only

**G. MCLEOD**

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**EXAMINER**



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**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV 12 AM 11:36**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Shops at Foxwood, 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:

**Paul D. Johnson, Jr.**

(Name of Person)

**Michael Collard Properties, Inc.**

(Firm/Company)

**1071 W. Morse Blvd, Suite 200**

(Address)

**Winter Park, FL 32789**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Paul D. Johnson, Jr.**

(Name of Person)

at ( **407** ) **644-5999**

(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 & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
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  
OF  
SHOPS AT FOXWOOD, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, *Florida Statutes*, does hereby certify as follows:

**ARTICLE I - NAME**

The name of the limited liability company is SHOPS AT FOXWOOD, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is

c/o Michael Collard Properties, Inc.  
1071 West Morse Boulevard, Suite 200  
Winter Park, FL 32789

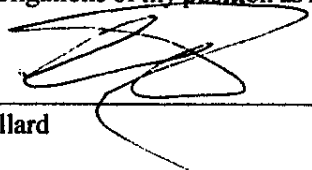
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are

Michael A. Collard  
1071 West Morse Boulevard, Suite 200  
Winter Park, FL 32789

Having been named as registered agent and to accept service of process for SHOPS AT FOXWOOD, LLC, 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, *Florida Statutes*.

\_\_\_\_\_  
Michael A. Collard



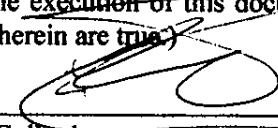
**ARTICLE IV - MANAGER**

The name and address of the initial Manager is as follows:

Michael A. Collard  
1071 West Morse Boulevard, Suite 200  
Winter Park, FL 32789

(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.)

\_\_\_\_\_  
Michael A. Collard



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