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### **COVER LETTER**

	istration Section ision of Corporations	·
SUBJECT:	The Village at Melbourn	e, LLC
SOBJECT		ted Liability Company)
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this mat	ter to the following:
Mic	hael Faro	
<del></del>		(Name of Person)
Far	o & Associates, P.A.	
<del></del>		(Firm/Company)
150	Cocoa Isles Boulevard,	Suite 404
		(Address)
Cod	coa Beach, Florida 3293	1
	(Ci	ty/State and Zip Code)
For further in	nformation concerning this matter, pleas	se call:
Michael Faro		_at (_321) 784-8158
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:	
<b>✓</b> \$125.00 Fi	ling Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION OF THE VILLAGE AT MELBOURNE, LLC

#### ARTICLE I - NAME

The name of the limited liability company is The Village at Melbourne, LLC, ("company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 503 N. Orlando Ave., Suite 203, Cocoa Beach, Florida 32931.

#### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Faro & Associates, P.A. 150 Cocoa Isles Blvd., Ste. 404 Cocoa Beach, Florida 32931

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..

Michael Faro, Faro & Associates, P.A.

**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 perjury that the facts stated herein are true.)

Michael Faro, Authorized Agent

Typed or printed name of signee