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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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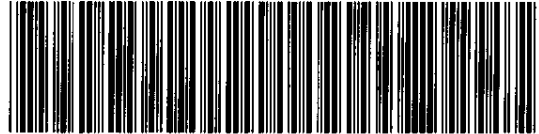
(Business Entity Name)

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B. KOHR

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EXAMINER

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09 JAN 29 AM 9:13  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Oak Ford 99 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:

Gerald A Dechow

Harry Haskins Esq

3400 S. Tamiami Trail, Suite 201

Sarasota, FL 34239

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TALLAHASSEE, FLORIDA  
STATE

For further information concerning this matter, please call:

Gerald A Dechow

941 554 2174

Gadechow43@aol.com

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 FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name :

The Name of the Limited Liability Company is:

Oak Ford 99 LLC

## ARTICLE II: Location

The mailing address of and street address of the Limited Liability company is :

Principal Office:

3400 S. Tamiami Trail, Ste 201  
Sarasota, FL 34239

Mailing Address :

3400 S. Tamiami Trail, Ste 201  
Sarasota , FL 34239

## Article III : Registered Agent, Registered Office & Registered Agent Signature:

The name and the Florida Street Address of the registered agent are:

Name:	Harry W. Haskins
Florida Address:	3400 S. Tamiami Trail, Ste 201
City, State Zip	Sarasota , Florida 34239

*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 provided for in Chapter 608, F.S.*

Signature of Registered Agent

  
\_\_\_\_\_  
Harry W. Haskins

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Title:

Name and Address:

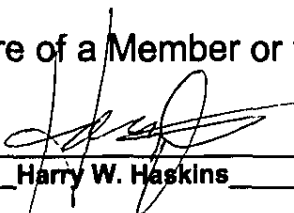
MGR

Lisa Montgomery  
5332 Silver Leaf Lane  
Sarasota, FL 32433

ARTICLE V : The effective date shall be the date of filing.

REQUIRED SIGNATURE :

Signature of a Member or the authorized representative of a Member.

  
\_\_\_\_\_  
Harry W. Haskins

Signature

( In accordance with section 608.408(3), Florida statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

Harry W. Haskins =Printed name of signee