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TALLAHASSEE, FLORIDA

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M. THOMAS

MAR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 304 West Idlewild, 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:

Barbara Lynch
(Name of Person)

(Firm/Company)

6508 King Palm Way
(Address)

Apollo Beach, FL 33572
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Lynch at (813) 205-8861
(Name of Person) (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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

304 WEST IDLEWILD, LLC

The undersigned organizer and member, hereby makes, subscribes, acknowledges, and files with the Secretary of State of the State of Florida these Articles of Organization for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

ARTICLE I

The name of the limited liability company is 304 West Idlewild, LLC.

ARTICLE II

The mailing and street address of the principal office of the limited liability company is 6508 King Palm Way, Apollo Beach, FL 33572.

ARTICLE III

The name and address of the initial registered agent and registered office of this limited liability company is DOUGLAS S. GREGORY, P.A., 607 West Bay St., Tampa, Florida 33606.

ARTICLE IV

The duration of the limited liability company, 304 West Idlewild, LLC, shall be perpetual.

ARTICLE V

The name and address of each manager or managing member is as follows:

Title

Name and Address

MGRM

Barbara Louise Lynch
6508 King Palm Way
Apollo Beach, FL 33572

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TALLAHASSEE, FLORIDA

ARTICLE V

The members of this limited liability company may admit additional members by majority vote of the entire membership.

ARTICLE VI

The right of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be such that the remaining members shall continue the limited liability company if, by majority vote, they elect to do so.

ARTICLE VII


The purpose for which the limited liability company is organized is to transact lawful business for which companies may be organized under the Limited Liability Company Act of Florida (Chapter 608, Florida Statutes).

ARTICLE VIII

The limited liability company shall be a member – managed company.

IN WITNESS WHEREOF, the undersigned, as organizer and one of the members of the limited liability company, has hereunto set the undersigned's hand and seal this 12 day of February, 2009, for the purpose of organizing this limited liability company under the laws of the State of Florida.

304 West Idlewild, LLC

By  _____
Barbara Louise Lynch, Managing Member

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TALLAHASSEE, FLORIDA

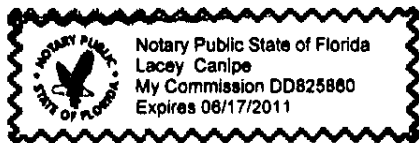
STATE OF FLORIDA

COUNTY OF

Hillsborough

)
)SS: 362-74-8969
)

BEFORE ME, the undersigned authority, personally appeared Barbara Louise Lynch, who is the organizer and a member of 304 West Idlewild, LLC, and who is personally known to me or who produced ^{FL} L220-072-58-808-0 as identification, and who took an oath and acknowledged before me that she executed the above Articles of Organization for the purposes therein stated, and that the facts stated herein are true.



Lacey Canipe
NOTARY PUBLIC

Expiration Date: 6/17/2011

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TALLAHASSEE, FLORIDA

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ACCEPTANCE OF REGISTERED AGENT

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.

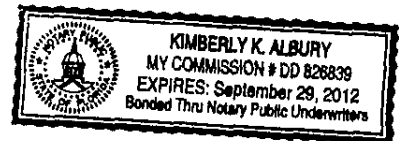
DOUGLAS S. GREGORY, P.A.

By: Douglas S. Gregory, President
Date: 12 February 2009

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me by Douglas S. Gregory of Douglas S. Gregory, P.A., who is personally known to me or who has produced _____ as identification, this 12th day of February, 2009.

Kimberly K. Albury
NOTARY PUBLIC
Expiration Date: 9/29/2012



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