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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

	on Section f Corporations			
SUBJECT:	Red Doo	or Property Group,LLC		
		ed Liability Company		
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this mat	ter to the following:		
	N	ancy Thomas Name of Person		
		Name of Person		
<del></del>	Platinum V	acation Properties,LLC		
	Firm/Company			
	1506 Wintergreen Blvd			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Wint	er Park,FL 32792		
<del> </del>	Cit	y/State and Zip Code		
	nancythomas@F	PlatinumVacationProperty.com or future annual report notification)		
For further informat	ion concerning this matter, please			
	ancy Thomas	at ( 843 ) 298-6899  Area Code & Daytime Telephone Number		
114	une of reison	Area Code & Daytine Telephone Number		
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fe	ce \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

The name of the Limited				
(Must end w	Red Door Proper it the words "Limited L	iability Company," "L.L.C.," or "LLC."	)	
ARTICLE II - Address: The mailing address and		e principal office of the Limite	d Liability Compa	any is:
Principal Office Address:  260 Wilshire Blvd #119  Casselberry, FL 32707		Mailing Address:  260 Wilshire Blvd #119  Casselberry, FL 32707		
(The Limited Liability Company cannot serve as its own Registered Agent. You me business entity with an active Florida registration.)  The name and the Florida street address of the registered agent  Nancy Thomas		Thomas	09 SEP	SECF
	Name 1506 Wintergreen Blvd		1 <u>19</u> -2	NOF OF
<u></u>	Florida street address (P.O. Box NOT acceptable)		AM	200 200 200 200 200 200 200 200 200 200
Wi	Winter Park,FL 32792 FL		ထဲ့	ĔŹ.
<del></del>	City, State, and Zip		36	ář.
liability company at the registered agent and agree statutes relating to the p	ne place designated se to act in this capa proper and complete	to accept service of process for in this certificate, I hereby acce acity. I further agree to comply a performance of my duties, and egistered agent as provided for	pt the appointment with the provision I I am familiar with	t as s of all n and
4	MNOY A Registered Agent's Sig	Monso gnature (REQUIRED)		

(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:

	= Manager I" = Managing Member	Name and Address:	
Nancy <sup>^</sup>	<u>Thomas - MGR</u>	Nancy Thomas 1506 Wintergreen Blvd Winter Park,FL 32792	
	······································		
•	chment if necessary)	ate of filing: August 29,2009 (OPTIONAL)	
(If an effective d	ate is listed, the date must be ser the date of filing.)	specific and cannot be more than five business days prior	
<u>REQUII</u>	RED SIGNATURE:  Signature of a prember of	Mamas or an authorized representative of a member.	
	(In accordance with section of this document constituent that the facts stated herei	on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury n are true.)	
	Nancy Thomas		
E:i	Type	ed or printed name of signee	
\$125.0	0 Filing Fee for Articles of Organiz of Registered Agent	zation and Designation	
	0 Certified Copy (Optional)		
\$ 5.0	0 Certificate of Status (Optional)		

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