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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 25 AM 10: 15

T. HAMPTON

SEP 28 2009

EXAMINER

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:**  ___CHERRY BLUFF OF MELBOURNE, 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:

___Tino Gonzalez, Esquire___
Name of Person

___Law Office of Tino Gonzalez___
Firm/Company

___1600 Sarno Road, Suite 1___
Address

___Melbourne, Florida 32935___
City/State and Zip Code

___tgonzalezlawyer@yahoo.com___
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

___Tino Gonzalez, Esquire___ at ( __321__ ) ___751-9675___
Name of Person                         Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☑ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, ·
                              Certificate of Status        Certified Copy              Certificate of Status &
                                                        (additional copy is enclosed)    Certified Copy
                                                                                    (additional copy is enclosed)

**Mailing Address**               **Street/Courier Address**
Registration Section              Registration Section
Division of Corporations          Division of Corporations
P.O. Box 6327                     Clifton Building
Tallahassee, FL 32314             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:

## CHERRY BLUFF OF MELBOURNE, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**                    **Mailing Address:**

401 Cherry Street                                401 Cherry Street
Melbourne, Florida 30901                         Melbourne, Florida 30901

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:
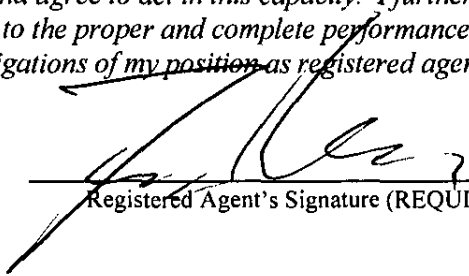
Tino Gonzalez, Esquire
_____
Name

1600 Sarno Road, Suite 1
_____
Florida street address (P.O. Box **NOT** acceptable)

Melbourne                    FL
_____
City, State, and Zip

*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..*

_____
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| **Title:** | **Name and Address:** |
|---|---|

"MGR" = Manager
"MGRM" = Managing Member

MGR

    Owen M. McCallister
    401 Cherry Street
    Melbourne, Florida 30901

MGRM

    Gladys M. Vaughn
    1972 Big Cypress Street NE
    Palm Bay, Florida 32905
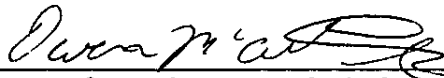
MGRM

    Carlton O. Curtis
    1972 Big Cypress Street NE
    Palm Bay, Florida 32905

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)

Owen M. McCallister
_____
Typed or printed name of signee

**Filing Fees:**

**$125.00 Filing Fee for Articles of Organization and Designation
      of Registered Agent**
**$ 30.00 Certified Copy (Optional)**
**$  5.00 Certificate of Status (Optional)**