

L09000093830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

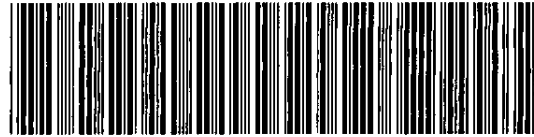
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Special Instructions to Filing Officer:

A. LUNT
SEP 29 2009
EXAMINER

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09/24/09--01035--014 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 28 PM 1:13

FILED

September 22, 2009

**Florida Department of State
Division of Corporations**

Enclosed is the Articles of Incorporation for Avalon Homes, LLC. In talking with a representation from the Division of Corporations, I was informed that the current Avalon Homes, LLC will be administratively dissolved as of 9-25-09 and that if we included a letter from the current Avalon Homes as enclosed, that we could be allowed to use the name and set up our LLC. Immediately.

Thank you.

September 22, 2009

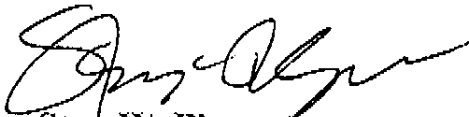
**Attn: Florida Department of State
Division of Corporations**

Re: Avalon Homes, LLC

To Whom It May Concern:

This letter is to advise the Division of Corporations that we will not be re-instating Avalon Homes, LLC and we hereby release the name Avalon Homes, LLC to be used by another entity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stan W. Plappert', is written over the printed name.

**Stan W. Plappert
MGRM**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Homes, 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:

Barry Pauldick

Name of Person

Firm/Company

PO Box 2452

Address

Tarpon Springs, FL 34688

City/State and Zip Code

rz525@verizon.net

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Barry Pauldick

Name of Person

at (727)

789-6405

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avalon Homes, 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:

3390 Masters Drive
Clearwater, FL 33761

PO Box 2452
Tarpon Springs, FL 34688

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:

Pauldick, Barry

Name

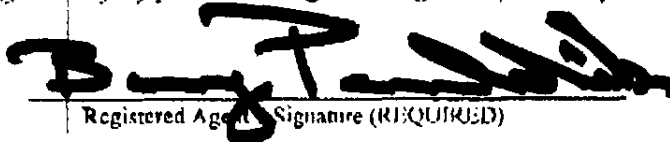
3390 Masters Drive

Florida street address (P.O. Box **NOT** acceptable)

Clearwater 33761 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 Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

MGRM

Chiszar, Sandra

3390 Masters Drive

Clearwater, FL 33761

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TALLAHASSEE FLORIDA


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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9-28-2009 (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.)

Sandra Chiszar

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)