| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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B. KOHR

OCT 1 5 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--------------------|
| SUBJECT: 723/72 | 5 Southview, LLC Name of Limited Liability Company | - |
| The enclosed Articles of Organization | and fee(s) are submitted for filing. | |
| Please return all correspondence conc | perning this matter to the following: | OP OCT 13 AM 9: 15 |
| le Mary Gib | harris | 与點 |
| OID | Name of Person | -13 |
| | | 至 等 分 |
| | Firm/Company | چ ب |
| 918 Pottan | satomie Street Address | 5 . 8 |
| | Address | |
| Jupiter, | FL 33458 | |
| | City/State and Zip Code | |
| Jg & pro | FL 334,58 City/State and Zip Code MICVIIMD. Fdn. COM ress: (to be used for future annual report notification) | |
| For further information concerning thi | | |
| Le Avey Gibbo Name of Person | at (501) 747-0220 Area Code & Daytime Telephone Number | - |
| Enclosed is a check for the following | ing amount: | |
| | Filing Fee & \$\begin{array}{c} \$155.00 \text{ Filing Fee & } & \$160.00 \text{ Filing In Status} \\ \text{Certified Copy} & \text{Certificate of Status} \\ \text{(additional copy is enclosed)} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array} | atus & |
| Mailing As Registration Division of | n Section Registration Section f Corporations Division of Corporations | |

Tallahassee, FL 32314

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: | |
|--|--|
| 723/725 Southvie (Must end with the words "Limited Liability Co | ompany," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the princip | oal office of the Limited Liability Company is: |
| Principal Office Address: | ailing Address: |
| 918 Pottawatomic Street 9 Jupiter, FL 33458 | 18 Pottawatomic Street 5 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.) | ice, & Registered Agent's Signature: |
| The name and the Florida street address of the regist | ered agent are: |
| Je Hray Gibbon | 5 |
| Name | · |
| 918 Pottawatomi | Strect |
| Florida street address (P.O. Box | NOT acceptable) |
| Jupiter FL City, State, and Zi | 33458 |
| City, State, and Zi | |
| Having been named as registered agent and to accept liability company at the place designated in this cregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered accept the Agent's Signature (Figure 1997). | ertificate, I hereby accept the appointment as further agree to comply with the provisions of all nance of my duties, and I am familiar with and d agent as provided for in Chapter 608, F.S |
| | |

(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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MGR | Hilda Gibbons 918 Pottavatomie Street Jupiter, FL 33458 |
| | |
| | |
| (Use attachment if necessary) ARTICLE V: Effective date if other than | n the date of filing: (OPTIONAL) |
| (If an effective date is listed, the date muto or 90 days after the date of filing.) REQUIRED SIGNATURE: | ast be specific and cannot be more than five business days prior |
| | Le la |
| (In accordance wi | th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury and herein are true.) |
| Je Hre Filing Fees: | Typed or printed name of signee |
| \$125.00 Filing Fee for Articles of of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opt | · · · · · · · · · · · · · · · · · · · |

Page 2 of 2