

L0910000120779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

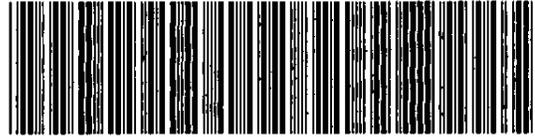
Special Instructions to Filing Officer:

**L. SELLERS**

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**EXAMINER**

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**JAMES A. ALSPAUGH, PLLC**  
**Attorney at Law**  
**1400 Battleground Ave., Ste. 203B**  
**Greensboro, North Carolina 27408**  
**Phone: (336) 378-0160**  
**Fax: (336) 230-0815**

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December 17, 2009

VIA FEDERAL EXPRESS

Florida Dept of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

RE: Oakleaf Properties, LLC

Dear Sir or Madam:

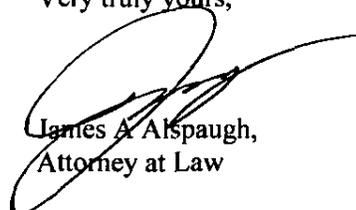
Enclosed please find the following in connection with the above-referenced matter:

1. My Attorney check #4126, in the amount of \$160.00, representing fees for filing the above-referenced limited liability company and having a Certificate of Status and a certified copy of the enclosed documents returned to my office;
2. One original and one copy of the Cover Letter;
3. One Original, executed Articles of Organization for Florida LLC, and one copy; and
4. A return Federal Express envelope.

Please file the enclosed documents and return the certified copies and Certificate of Status, if immediately available, to my office in the prepaid return Federal Express envelope.

Thank you for your assistance and please do not hesitate to contact our office if you should have any questions.

Very truly yours,



James A. Alspaugh,  
Attorney at Law

Encls.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Oakleaf Properties, 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:

James A. Alspaugh  
Name of Person

James A. Alspaugh, PLLC  
Firm/Company

1400 Battleground Ave, Ste. 203B  
Address

Greensboro NC 27408  
City/State and Zip Code

wdoggettmg@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Alspaugh at ( 336 ) 378-0160  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Oakleaf Properties, 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:**

41 Angelfish Cay Drive  
Key Largo FL 33037

41 Angelfish Cay Drive  
Key Largo FL 33037

**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:

Monica D Phillips

Name

41 Angelfish Cay Drive

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

Key Largo FL 33037 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.*

Monica D. Phillips

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

**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:**

MGR

Monica D Phillips

41 Angelfish Cay Drive

Key Largo FL 33037

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Monica D Phillips

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)

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TALLAHASSEE, FLORIDA

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