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Effective Bate 01/01/2010

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EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of	Corporations	
SUBJECT:	Avalar Rea	I Estate of Clermont, LLC
	Name of Limit	led Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corn	respondence concerning this mat	ter to the following:
	Do	nna M. Peebles
		Name of Person
	Avalar Real	Estate of Clermont, LLC
		Firm/Company
	17301 Pa	agonia Road, Ste 300
		Address
	Cle	mont, FL 34711
	Ci	ty/State and Zip Code
	dpeeb	ples@tpcflorida.com for future annual report notification)
For further informati	ion concerning this matter, pleas	e call:
Don	na M. Peebles	at ( 321 ) 229-6085
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following amount:	
<b>∕</b> \$125.00 Filing Fe	e \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

10 JAN 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 8, 2009

DONNA M PEEBLES 17301 PAGONIA RD STE 300 CLERMONT, FL 34711

SUBJECT: AVALAR REAL ESTATE OF CLERMONT, LLC

Ref. Number: W09000053373

We have received your document for AVALAR REAL ESTATE OF CLERMONT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by the name GAME, LLC. The name of the registered agent must be the same as listed on our database for the corporation/fictitious name listed.

Please return the corrected original and one copy of your document, along with a copy of this letter; within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00037431

# Effective Date 01/01/2010

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
	te of Clermont, LLC  ! 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:
17301 Pagonia Road, Ste 300 Clermont, FL 34711	17301 Pagonia Road, Ste 300 Clermont, FL 34711
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
	ngement Enterprises, LLC Name
2611 Te	chnology Drive

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..

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

Orlando, FL 32804

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SINIBIAN TO NATION OF SERVICE SERVICES OF SERVICES OF

#### Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

ARTICLE IV- Manager(s) or Managing Member(s):

MGRM	Global Asset Management Enterprises , L PO Box 608066 Orlando, EL 32801
MGRM	Connor Investments, LLC 10392 Lake Minneola Shores Ciermont, FL 34711
MGMR MGRM	Blue Magnolia, LLC 12480 Hull Road Clarmont, FL 34711

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> Douglas F. Long 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)