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(Requestor's Name)
(Address)
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(City Charles (City Charles (A)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
AHASSEF FLORIDA

J. BRYAN

FEB - 1 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: ATC Apartment Management, LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
_	Shelly Martin
	ATC Apartment Management, LLC Name of Limited Liability Company cles of Organization and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Shelly Martin Name of Person ATC Development, LLC Firm/Company 220 Boy Scout Road Address Augusta, Georgia 30909 City/State and Zip Code shellym@atcdevelopment.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Shelly Martin Name of Person at (706
	ATC Development, LLC
	Firm/Company SST 4
	220 Boy Scout Road
	Address PRI 5
_	
-	
For furt	her information concerning this matter, please call:
	Shelly Martin at (706) 434-3028
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
 \$125.(Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
	Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Company is:	
(Must end	TC Apartment Man	lagement, LLC
ARTICLE II - Address an		rincipal office of the Limited Liability Company is:
Principal Office Addr	ess:	Mailing Address:
123 West Hirth Road Fernandina Beach, F		123 West Hirth Road Fernandina Beach, Florida 32034
(The Limited Liability Compar business entity with an active	ny cannot serve as its own Regis Florida registration.) ida street address of the r	
	William R. I	Belangia SSEC P
	irth Road Box NOT acceptable)	
	Florida street address (P.O.	Box NOT acceptable)
_Fe	ernandina Beach 3203	FL
	City, State, a	nd Zip
liability company at registered agent and ag statutes relating to th	t the place designated in t gree to act in this capacit se proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:		
MGRM	Shelly Martin 220 Boy Scout Road		
	Augusta, Georgia 30909		
MGRM	Sherwood R. Belangia		
	220 Boy Scout Road		
	Augusta, Georgia 30909		
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(Use attachment if necessary)	FLORIO	동 동	
(220	مند	·	
	e date of filing: (OPT		
	be specific and cannot be more than five busine	ess days	pri
0 days after the date of filing.)			
REQUIRED SIGNATURE:			
	*		
Signature%f a memb	ber or an authorized representative of a member.		
	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury serein are true.)		
WILLIA	M R. BELAN GIA Typed or printed name of signee		
	yped or printed name of signee		
Filing Fees:			
\$125.00 Filing Fee for Articles of Org	vanization and Designation		

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)