

LI 0000065736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

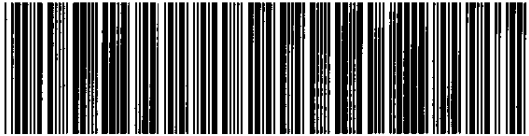
(Business Entity Name)

(Document Number)

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FILED  
10 JUN 17 PM 1:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JUN 18 2010  
EXAMINER

S. HAWKES  
~~JUN 04 2010~~  
EXAMINER

~~LI 0000065736~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2010

MARY L RUEN  
8160 BAYMEADOWS WAY W #340  
JACKSONVILLE, FL 32256

SUBJECT: EDH REALTY LLC  
Ref. Number: W10000027006

We have received your document for EDH REALTY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return 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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 010A00013957

## COVER LETTER

**TQ: Registration Section  
Division of Corporations**

**SUBJECT: EDH Realty**

\_\_\_\_\_  
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:

Mary L Ruen

\_\_\_\_\_  
Name of Person

EDH Realty

\_\_\_\_\_  
Firm/Company

8160 Baymeadows Way, W #340

\_\_\_\_\_  
Address

Jacksonville, FL 32256

\_\_\_\_\_  
City/State and Zip Code

maryruen@bellsouth.net

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

For further information concerning this matter, please call:

Mary L Ruen

\_\_\_\_\_  
Name of Person

at ( 904-387-1925 )

\_\_\_\_\_  
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:

EDH Realty "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:**

8160 Baymeadows Way, W #340

**Mailing Address:**

8160 Baymeadows Way, W #340

Jacksonville, FL 32256

**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:

Mary L Ruen

Name

8160 Baymeadows Way, W #340

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

Jacksonville,

FL 32256

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..*

Mary L Ruen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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STATE OF FLORIDA  
TALLAHASSEE

**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

Mary L Queen  
8160 BAYMEADOWS WAY, W #340  
JACKSONVILLE, FL 32256

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19 JUN 17 PM 1:12  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

(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:**

Mary L Queen

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.)

MARY L RUEN

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)**