110000070542

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(6)	ty/State/Zip/Phon	-
(CII	ty/State/Zip/Prion	e #)
PICK-UP	☐ WAIT	MAIL
	•	
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500182314695

07/01/10--01028--008 **160.00

TILLIO

O JUL -1 PH 2:52 SECRETARY OF STATE

COVER LETTER

	stration Section ion of Corporations	•
SUBJECT: _	Edenwood Gardens, LLC	
	Name of Limite	ed Liability Company
The enclosed A	Articles of Organization and fee(s) are s	submitted for filing.
Please return a	Il correspondence concerning this matt	er to the following:
Davi	d E. Disney, Esquire	
		Name of Person
Davi	d E. Disney, P.A.	
		Firm/Company
230	N. Woodland Blvd., Ste. 3	08
		Address
DeLan	d, FL 32720	
	City	//State and Zip Code
dedis	230@bellsouth.net E-mail address: (to be used fo	or future annual report notification)
For further info	ormation concerning this matter, please	
David E	. Disney	at (386) 734-5685
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
□\$125.00 Filin	ng Fee \$\bigsim \$\mathbb{G}\$\$130.00 Filing Fee & Certificate of Status	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EDENWOOD GARDENS, LLC	_			
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liabili	ity Con	npan	ıy is:
Principal Office Address:	Mailing Address:			
714 E. Beresford Avenue	714 E. Beresford Avenue			
DeLand, FL 32724	DeLand, FL 32724			
				
the Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual s	or another	_ 10 اللا -	丁
J ANTHONY SANTII	, , , , , , , , , , , , , , , , , , ,	TARY OF		LEC
	LI S	TARY OF ST	 ⊋	LED
J ANTHONY SANTII 714 E. Beresford	LI S	TARY OF STATE		LED
J ANTHONY SANTII 714 E. Beresford	Name Avenue street address (P.O. Box NOT acceptable)	TARY OF STATE	 ⊋	LED
J ANTHONY SANTII 714 E. Beresford Florida	LI Same Avenue	TARY OF STATE	 ⊋	LED

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 Men	Name and Address:
MGR/MGRM	J. ANTHONY SANTILLI 714 E. Beresford Avenue
	DeLand, FL 32724
(Use attachment if necessary	y)
	r than the date of filing: July 1, 2010 . (OPTIONA te must be specific and cannot be more than five business days.)
REQUIRED SIGNATURE	SECRITALLA
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury s stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

J. ANTHONY SANTILLI

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee