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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 7/2/2010

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10 JUL -6 AM 9:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUL - 8 2010

EXAMINER

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

EFFECTIVE DATE 7/2/2010

SUBJECT: Arcadian Gardens LLC.
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
10 JUL -6 AM 9:18

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia A Salvo
Name of Person

Arcadian Gardens LLC.
Firm/Company

736 Sandy Creek Dr.
Address

Brandon, FL 33511
City/State and Zip Code

psalvo@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Salvo at (813) 464-9287
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

EFFECTIVE DATE 7/2/2010

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

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DIVISION OF CORPORATIONS
10 JUL -6 AM 9:18

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Arcadian Gardens 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:** |
|---|---|
| 736 Sandy Creek Dr<br>Brandon, FL 33511 | Same |

**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:

Patricia A Salvo
Name

736 Sandy Creek Dr.
Florida street address (P.O. Box **NOT** acceptable)

Brandon FL 33511
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..*

Patricia A Salvo
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| **Title:** | **Name and Address:** |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGR= owner/president | Patricia A Salvo<br>736 Sandy Creek Dr.<br>Brandon, FL 33511 |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/2/10 . (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:**

Patricia A Salvo
**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.)

Patricia A Salvo
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)**