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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EXAMINER

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## **COVER LETTER**

10:	Division of Corporations
SUBJE	CT: COLUMBUS REALTY LLC
	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
_	HUGH DONNELLY
_	Name of Person
_	Firm/Company
	5235 CAPE HATTERAS DRIVE
-	Address
	CLERMONT, FLORIDA, 34714
-	City/State and Zip Code
_	Columbus @ cfl-rr. com  E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
<u> HU</u>	Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
□\$125.0	00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ 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

SECRETARY DE STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:					
COLUMBUS 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: Mailing Address:					
101 POLO PARK BLVD 5235 CAPE HATTERAS OR CLERMONT FL 33897 34714					
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:					
HUGH DONNEWY.					
DONNELY MCPHILLIPS INC - 5235 CAPE HATTERAS OR					
Florida street address (P.O. Box NOT acceptable)					
CLEEWONT FL 34714.  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 600 F.S.  (CONTINUED)  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" = Manage "MGRM" = Mana	Name and Address:  = Manager I'' = Managing Member				
Marm		HUGH DONNELLY 5235 CAPE HATTERAS CLERMONT FL 34	5 Ol 714		
MGRM	_	DELEK MCPHILLIPS 5235 CAPE HATTELA CLEEMONT FL 3	S OR 4714		
Marm	_	LINDA BEOWN 210 BUEFORD CIRCI DAVENPORT 3380			
	_				
	ate, if other than the date d, the date must be spe	of filing:ecific and cannot be more than five be			
<u>REQUIRED</u> SIG	NATURE:	00.			
5	Signature of a member or a	an authorized representative of a member.	ı		
•	of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)  ONNELLY or printed name of signee	SECRETARY	7010 SEP 24	
Filing Fees:			men To	3	1
	e for Articles of Organizat ered Agent Copy (Optional)	ion and Designation	DRIDA	PH PH I	

\$ 5.00 Certificate of Status (Optional)