

L100000116242

IDEAL MOBILE HOME PARK
& GEORGE S. ROE, JR.
5355 NEW KINGS RD.
JACKSONVILLE, FL. 322092752

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

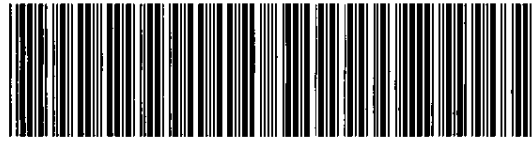
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV - 5 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-50259

J. BRYAN

NOV - 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2010

GEORGE S. ROE, JR.
IDEAL MOBILE HOME PARK LLC
5355 NEW KINGS RD.
JACKSONVILLE, FL 32209-2752

SUBJECT: IDEAL MOBILE HOME PARK LLC
Ref. Number: W10000050259

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TALLAHASSEE, FLORIDA

We have received your document for IDEAL MOBILE HOME PARK LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We don't file Operating Agreements, you need to file articles of organization to form the LLC,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 210A00025268

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ideal Mobile Home Park LLC
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:

GEORGE S. ROE, JR

Name of Person

IDEAL MOBILE HOME PARK LLC

Firm/Company

5355 NEW KINGS RD

Address

JACKSONVILLE, FL 32209-2752

City/State and Zip Code

groe @ aug.com

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

For further information concerning this matter, please call:

GEORGE ROE

Name of Person

at (904) 768-6382

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IDEAL MOBILE HOME PARK 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

Principal Office Address:

5355 NEW KINGS RD.

JACKSONVILLE, FL. 32209

Mailing Address:

5355 NEW KINGS RD.

JACKSONVILLE, FL 32209

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:

GEORGE S. ROE, JR.

Name

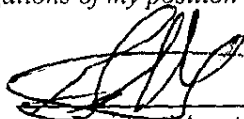
5355 NEW KINGS RD.

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

JACKSONVILLE FL 32209

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

George S. Roe, Jr
5355 New Kings Rd
Jacksonville, Fl. 32209

MGR

Essie Mae W. Roe
5355 New Kings Rd.
Jacksonville, Fl. 32209

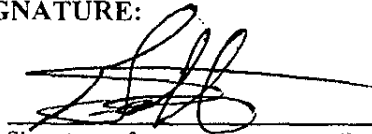
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

George S. Roe, Jr

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)