

L11000051911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11-21551

Office Use Only

EFFECTIVE DATE 4/27/11



600201622976

04/15/11--01025--019 **130.00

FILED
11 MAY -2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 03 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2011

JAMES SAULSBY
10003 NW 56TH CT
CORAL SPRINGS, FL 33076

SUBJECT: SR JAMES APARTMENTS
Ref. Number: W11000021551

FILED
11 MAY -2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SR JAMES APARTMENTS 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 name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 311A00009311

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sr James Apartments

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:

James Saulsby

Name of Person

Firm/Company

10003 NW 56th Ct

Address

Coral Springs Florida 33076

City/State and Zip Code

jls10003@bellsouth.net

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

For further information concerning this matter, please call:

James Saulsby

Name of Person

at (954) 3406666

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

FILED
11 MAY -2 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sr James Apartments 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:

10003 NW 56th Ct
Coral Springs Florida 33076

Mailing Address:

10003 NW 56th Ct
Coral Springs Florida 33076

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:

James Saulsby

Name

10003 NW 56th Ct

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

Coral Springs FL 33076

City, State, and Zip

FILED
11 MAY - 2 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

James L. Saulsby
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 04/27/11

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:

Mgrm

James Saulsby

10003 NW 56th Ct

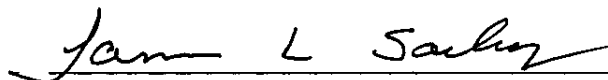
Coral Springs Florida 33076

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04272011 (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.)

JAMES L SAULSBY

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)

FILED
11 MAY -2 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA