# 111000052534

| (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: |
|   |
| ·                                       |
|   |

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2011 MAY -2 PH 1: 05
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T. CLINE

MAY - 4 2011

**EXAMINER** 

### COVER LETTER

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: Carrollwood Properties 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:   |   |
| James Sheer   |   |
| Name of Person  |   |
| Firm/Company  |   |
| 11307 Carrollwood Drive   |   |
| Address   |   |
| Tampa, FL 33618   |   |
| City/State and Zip Code   |   |
| jlsheer@aol.com   |   |
| E-mail address: (to be used for future annual report notification)  |   |
| For further information concerning this matter, please call:  |   |
| James Sheer   | ···                                     |
| James Sheer    Sheet  |   |
| Enclosed is a check for the following amount:   | ri                                      |
| Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed) | *************************************** |
| Mailing Address Registration Section Registration Section   |   |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| ΑĪ | <b>TI</b> | CI | E | I - 1 | Na | me |  |
|----|-----------|----|---|-------|----|----|--|
|    |           |    |   |       |    |    |  |

The name of the Limited Liability Company is:

#### Carrollwood Properties 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:James SheerJames Sheer11307 Carrollwood Drive11307 Carrollwood DriveTampa, FL 33618Tampa, FL 33618

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:

|                         | Name   | ZS        | 201 |                  |
|-------------------------|--|-----------|-----|------------------|
| 11307 Carrollwood Drive |  | CRE       | 35  |                  |
|                         | Florida street address (P.O. Box NOT acceptable) | TARY      | ~   | sidyah<br>(Yana) |
| Tampa                   | <sub>ET</sub> 33618                              | 3SE<br>YX | 2   | ¥                |
|                         | City, State, and Zip                             | OF SI     | P   |                  |

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)

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><br>"MGR" = Manag<br>"MGRM" = Mana |  | Name and Address:   |               |               |           |
|---|--|---|---------------|---------------|-----------|
| MGR   | _  | James Sheer 11307 Carrollwood Drive Tampa, FL 33618   |               | -<br>-<br>-   |           |
| MGR   |  | Melinda Sheer   |               |               |           |
| <del>,,,, , , ,</del> , , ,                     | ·  | 11307 Carrollwood Drive   |               | _             |           |
|   |  | Tampa, FL 33618   |               | -<br>-        |           |
|   | _  |   |               | _             |           |
| •   |  |   |               | -<br>-        |           |
|   |  |   | <del></del>   | -             |           |
|   | _  |   | <del></del>   |               |           |
|   | •  |   | <del></del>   | -             |           |
| /Han -4414-                                     | <b>(</b> )   |   |               | -             |           |
| (Use attachment is                              | i necessary)   |   |               |               |           |
|   | ed, the date must be spe   | e of filing: May 01, 2011 ecific and cannot be more than five b   |               |               | rior      |
| <u>required</u> sig                             | NATURE:  |   |               |               |           |
|   |  | - / \   | _             |               |           |
| ï   | Signature of a member or   | an authorized representative of a member  | <b>f.</b>     |               |           |
| constitut<br>I am awa                           | es an affirmation under the pare that any false information                              | (3), Florida Statutes, the execution of this do penalties of perjury that the facts stated herein submitted in a document to the Departmen provided for in s.817.155, F.S.) | in are true   | 2011          |           |
|   | James Sheer  |   | <b>₽</b> 22   | ΉAΥ           | darger.   |
|   | Typed o  | or printed name of signee   | ASA           | Tr .          | Specimen. |
| Filing Fees:                                    |  |   | 1338<br>14 Ot | <u>م</u><br>2 | m         |
| of Regist \$ 30.00 Certified                    | e for Articles of Organizat<br>tered Agent<br>Copy (Optional)<br>te of Status (Optional) | ion and Designation   | FSTATE        | PM 1: 86      | C         |