

L110000057371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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5/16/11



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11 MAY 13 AM 11:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN APARTMENT NETWORK, 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:

Ronald E. Caponi

(Name of Person)

SAN

(Firm/Company)

21739 Belgian Ct.

(Address)

Mount Dora, Fl. 32757

(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Caponi

(Name of Person)

at (407) 488-3944

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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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CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN APARTMENT NETWORK, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

21739 Belgian Ct.

Mount Dora, Fl. 32757

Mailing Address:

21739 Belgian Ct.

Mount Dora, Fl. 32757

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:

Ronald E. Caponi

Name

21739 Belgian Ct.

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

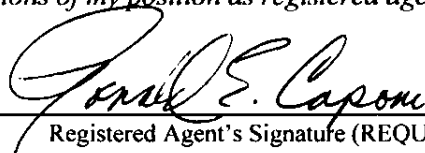
Mount Dora

FL 32757

City, State, and Zip

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 5/16/11

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:

MGR

Ronald E. Caponi

21739 Belgian Ct.

Mount Dora, Fl. 32757

MGRM

Linda F. Caponi

21739 Belgian Ct.

Mount Dora, Fl. 32757

MGRM

George Flyth

901 Cutler Rd.

Longwood, Fl. 32779

MGRM

John E. Vincent

5448 Burnt Acorn Way

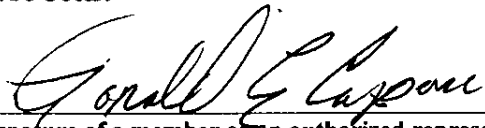
Oviedo, Fl. 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 16, 2011. (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 of 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.)

Ronald E. Caponi

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)

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TALLAHASSEE, FLORIDA