

L11000070743

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000160392 3)))



H110001603923ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DAVID R. CARTER, P.A.
Account Number : I20010000053
Phone : (352) 686-6278
Fax Number : (352) 686-7324

2011 JUN 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: BRODDEY@MARCUSMILLICHAP.COM

FLORIDA LIMITED LIABILITY CO.
GARY CIRCLE APARTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

A. LUNT

JUN 17 2010

EXAMINER

RECEIVED

11 JUN 16 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 JUN 16 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H110001603923

**ARTICLES OF ORGANIZATION
FOR
GARY CIRCLE APARTMENTS, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is **GARY CIRCLE APARTMENTS, 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:
1181 Anclote Road, Lot #35 Tarpon Springs, Florida 34689	1181 Anclote Road, Lot #35 Tarpon Springs, Florida 34689

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent is **BENJAMIN D. RODDEY, IV**, 1181 Anclote Road, Lot #35, Tarpon Springs, Florida 34689.

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, *Florida Statutes*.


BENJAMIN D. RODDEY, IV
Registered Agent

H110001603923

H110001603923

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Name and Address:	Title
BENJAMIN D. RODDEY, IV 1181 Anclote Road, Lot #35 Tarpon Springs, Florida 34689	Managing 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.


BENJAMIN D. RODDEY, IV
 Managing Member

Dated: June 16, 2011

2011 JUN 16 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED