## L1100001787204

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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D. BRUCE
JUL 0 8 2011
EXAMINER

## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations				
SUBJECT: AP	Housing, LLC				
		ed Liability Company		_	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.			
Please return all corr	respondence concerning this matt	ter to the following:			
Prentis	Wright				
	-	Name of Person	=======================================		-
AP Ho	using, LLC		SECR VLLA	. <b>=</b>	ere:
		Firm/Company	25	<del></del> -	
4740 5	. 01 01 0		3SE A	-7	E Table
1/46 E	ast Silver Star Road			<u> </u>	
		Address		100	
Ocoee, F	FL 34761		30%	.60	
<u></u> -		y/State and Zip Code			-
cgsgroup	@msn.com				
	E-mail address: (to be used f	or future annual report notification)			
For further informat	ion concerning this matter, please	e call:			
Prentis Wright	<u> </u>	at (407 ) 448-9038	3		
Na	me of Person	Area Code & Daytime Tel	ephone Number	-	
Enclosed is a chec	k 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 Certificate of St Certified Copy (additional copy is	atus &	l)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Li	iahility Company i	ę.	
The name of the Diffice Di	lability Company 1	3.	
AP Housing, LLC	•		
(Must end with	the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the	principal office of the Limite	d Liability Company is:
Principal Office Address:		Mailing Address:	
1746 East Silver Star Rd., S Ocoee, FL 34761	Suite 128	1746 East Silver Star Rd Ocoee, FL 34761	I., Suite 128
(The Limited Liability Company car business entity with an active Flori  The name and the Florida s  Prenti	nnot serve as its own Reg da registration.) treet address of the is Wright Nan	ne	
1746	East Silve		`
Ocoee	•	address (P.O. Box <u>NOT</u> acceptable FL <b>34761</b> State, and Zip	9
liability company at the registered agent and agree statutes relating to the pracecept the obligations of	place designated in to act in this capac oper and complete	o accept service of process for this certificate, I hereby acceptly. I further agree to comply performance of my duties, and gistered agent as provided for mature (REQUIRED)	ept the appointment as with the provisions of all I I am familiar with and

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Prentis Wright
	1746 East Silver Star Road, Suite 128
	Ocoee, FL 34761
•	
·	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must it to or 90 days after the date of filing.)	e date of filing: 7-6-//
REQUIRED SIGNATURE.	11 JI TALLAI
Signature of a memb	ASSERY OF THE PROPERTY OF A MEMBER.
I am aware that any false infor	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
Prentis Wrigh	
T	yped 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)