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(Re	questor's Name)	
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B. BOSTICK

JUL 2 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons				
_{SUBJECT:} Banyan Ho	omes of Centr				
	Name of Limited	Liability Comp	any		
The enclosed Articles of Organi	zation and fee(s) are su	bmitted for filin	ıg.		
Please return all correspondence	concerning this matter	to the followin	g:		
Frank M. Gan	ımon				
	N	ame of Person			
Banyan Home	:S				
	F	irm/Company			
301 N. US Hw	y 27, Suite G.				
-		Address			
Clermont, Fl. 34	711				
	City/S	State and Zip Cod	e		
fgammon@banya	nhomes.com il address: (to be used for	future enquel ran	art natification)		
	·	-	on nonneation)		
For further information concerni	ng this matter, please ca	all:		TALI TALI	=
Frank M. Gammon	εε	at (352	394-8215	AF	
Name of Person		Area Code	e & Daytime Telep	phone Number	2 272
Enclosed is a check for the fo	lowing amount:				D IV
	00 Filing Fee &	\$155.00 Filin]\$160.00 Filing Fee	
Certi	ficate of Status	Certified Co (additional cop		Certificate of Status Certified Copy (additional copy is enclosed)	
	ng Address		ourier Address		
Divisi	ration Section on of Corporations	Division	ion Section of Corporations		
	Box 6327 assee, FL 32314	Clifton B 2661 Exe	Building ecutive Center C	ircle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited

d Liability Company is:

Banyan Homes of Central Florida, 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:		
301 N. US Hwy. 27, Suite G	301 N. US Hwy. 27, Suite G		
Clermont, Fl. 34711	Clermont, Fl. 34711		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an indiv		
Frank M. Gammon	ie registered agent are.	TLAH.	
Na	nme	2-	T seems
301 N. US Hwy	[,] 27, Suite G	ENC THE	
Florida street	address (P.O. Box <u>NOT</u> acceptable)	For -	-
Clermont, FI. 34711	FL	TATE ORIDA	
City	, State, and Zip	\triangleright	

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..

egistered 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:

MGR	Frank M. Gammon
	301 N. US Hwy. 27, Suite G
	Clermont, Fl. 34711
MGRM	Mitchell Company, LLC
	41 West Interstate 65 Service Road North
,	Mobile, Alabama 36608-1201
(Use attachment if necessary)	JUL 2 PM 7: 03
LE V: Effective date, if other than th	e date of filing: (OPTIONAL)

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.)

Frank M. Gammon

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)