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SECKETARY OF STATE
ALL AHASSEF FLOOR

D. BRUCE
AUG 0 8 2011
EXAMINER

EFFECTIVE DATE <u>08/01/11</u>

COVER LETTER

TO:	Registration of	on Section Corporations		
SUBJ	ECT:	Wiregrass Ranch Name of Limited	Lacrosse,	LLC
		Name of Limited	Liability Company	
The er	nclosed Article	es of Organization and fee(s) are sub	omitted for filing.	
Please	return all con	respondence concerning this matter	to the following:	
		obert Philip N		
	<i>U</i>	livegrass Ranc	h lacrosse,	LLC
		3726 Stormel	_	
			Address	3
	r	Nesley Chapel City/s Philip blair e ac E-mail address: (to be used for the control of the con	tate and Zip Code	11 , TALL
For fu		E-mail address: (to be used for to concerning this matter, please ca		D-4 03
Rob	pert PL Na	nilip Blair a me of Person	t (<u>813</u>) <u>991 – 10</u> Area Code & Daytime Te	SSEE, FLORIDA Popularion Number 10 A RY OF STATE
Enclo	sed is a check	k for the following amount:		-
[] \$125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wivegrass Ranch Lacrosse, 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:

28726 Stormcloyd Pass Wesley Chapel, FL 33543

28726 Stormaland Pass Wesley Chapel, FL 33543

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:

Robert Philip Blair

28726 Stormcloyd Pass
Florida street address (P.O. Box NOT acceptable)

Wesley Chapel, FL 33543
City, State, and Zip

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORID

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 a 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

FFFECTIVE DATE 08/01/11

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert Philip Blair 28726 Stormcloud Pass Wesley Chappel, FL 38543
	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the clif an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein arctrue ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Robe 1+ Type	Ailip Blair ed or printed name of signee
Filing Fees:	ed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wivegrass Ranch Lacrosse, 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:
28726 Stormcloud Pass Wesley Chapel, FL 33543 28726 Stormcloud Pass Wesley Chapel, FL 33543
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:
Robert Philip Blair Name Robert Philip Blair
Name S I
28726 Stormclayd Pass Mar I III
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Wesley Chapel, FL 33543 City, State, and Zip
City, State, and Zip
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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MGR	Robert Philip Blair
	28726 Stormaland Pass
	Wesley Chappel, FL 38543
	·
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EV: Effective date, if other than th	e date of filing: <u>08-01-2011</u> . (OPTION be specific and cannot be more than five business of
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LE V: Effective date, if other than the detive date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a management of a manageme	Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) And the Blanc Statutes of the Department of State my as provided for in s.817.155, F.S.)
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