

L11000141227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

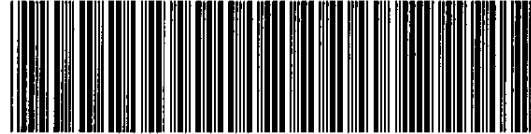
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 DEC 15 PM 12:30
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 16 2011

EXAMINER

LAW OFFICES

E • F • M

Eizen
Fineburg &
McCarthy

A PROFESSIONAL CORPORATION

Philadelphia Office:
Telephone: (215) 751-9666
Facsimile: (215) 751-9310
website: www.efm.net
e-mail: erthomas@efm.net

TWO COMMERCE SQUARE
2001 MARKET STREET, 34TH FLOOR
PHILADELPHIA, PENNSYLVANIA 19103

New Jersey Office:
1040 Kings Highway, Suite 500
Cherry Hill, New Jersey 08034
Telephone: (856) 773-0945
Facsimile: (856) 773-0309

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December 14, 2011

Via Federal Express #8693 0043 0577

State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: CELEBRATION SPRING PARK LOOP, LLC

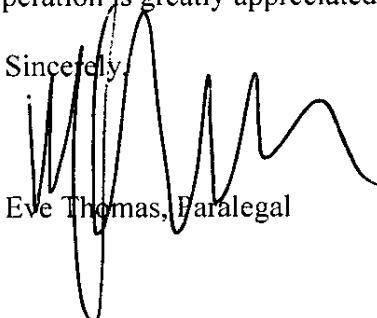
Dear Sir/Madam:

Enclosed please find Articles of Organization for the above-captioned domestic limited liability company.

Also enclosed is our firm's check in the amount of \$155.00 to cover the filing fee and the cost of a certified copy to be returned to us.

Please return the certified filed copy to the attention of the undersigned in the enclosed self-addressed, stamped envelope. Your cooperation is greatly appreciated.

Sincerely,


Eve Thomas, Paralegal

ET/dei

Enclosures

cc: Dr. Edward Infantolino
Gary J. McCarthy, Esquire

STATE
TALLAHASSEE, FLORIDA
11 DEC 15 PM 12:39
2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELEBRATION SPRING PARK LOOP, 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:

Eve Thomas, Paralegal

Name of Person

Eizen, Fineburg & McCarthy, PC

Firm/Company

2001 Market Street, 34th Floor

Address

Philadelphia, PA 19103

City/State and Zip Code

ethomas@efm.net; eimd@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eve Thomas, Paralegal

Name of Person

at (215)

751-9666

Area Code & Daytime Telephone Number

Enclosed is a check 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 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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CELEBRATION SPRING PARK LOOP, 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:

896 Spring Park Loop
Celebration, FL 34747

Mailing Address:

PO Box 470814
Celebration, Florida 34747-0814

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:

Edward Infantolino

Name

896 Spring Park Loop

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

Celebration

FL 34747

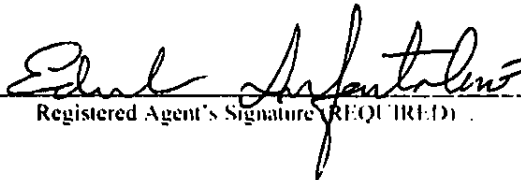
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Edward Infantolino

896 Spring Park Loop

Celebration, FL 34747

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V: Effective date, if other than the date of filing: _____ (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 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.)

Edward Infantolino, Authorized Representative

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)