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EXAMINER



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COVER LETTER

Division of Corporations	
SUBJECT: 6706 Fern Circle, LL	С
	mited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Fred A. Morrison	
	Name of Person
McLin Burnsed	
	Firm/Company
Post Office Box 491357	
	Address
Leesburg, Florida 34749-13	357
	City/State and Zip Code
FredM@mclinburnsed.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pl	ease call:
Fred A. Morrison	at (352) 787-1241
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	:
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \exiting \sen \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \sen \text{\$\sum \exitin \sen \text{\$\sum \exitin \sed \sin \sin	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I. Names

The name of the Limited Liability Compar	ny is:	
6706 Fern Circle, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
4223 Bair Avenue Fruitland Park, FL 34731	4223 Bair Avenue Fruitland Park, FL 34731	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signature: ual or another
The name and the Florida street address of	the registered agent are:	7 7
Stanley Bair		12 MAR 16 SHERE IAA NILAHASS
<u> </u>	√ame	
4223 Bair Ave	nue	
Florida stre	et address (P.O. Box NOT acceptable)	
Fruitland Park, FL 34	4731 _{FL}	
Cir	ty, State, and Zip	W :71 —

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>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM — Managing Membe	Stanley Bair
	4223 Bair Avenue Fruitland Park, FL 34731
MGRM	Vicki S. Bair
	4223 Bair Avenue Fruitland Park, FL 34731
(Use attachment if necessary)	
	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
las	to Lan

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.)

Stanley Bair

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)