

L12000053109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Document Number)

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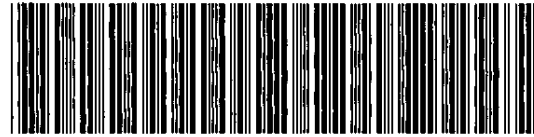
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

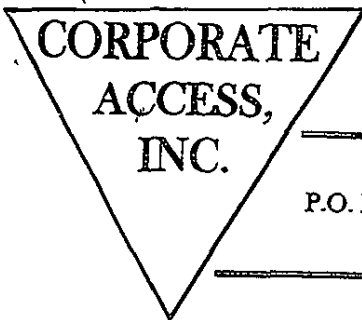
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TALLAHASSEE, FLORIDA

LLC

1. Fruits of the Villas, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FRUITS OF THE VILLAS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

**Mailing Address:**

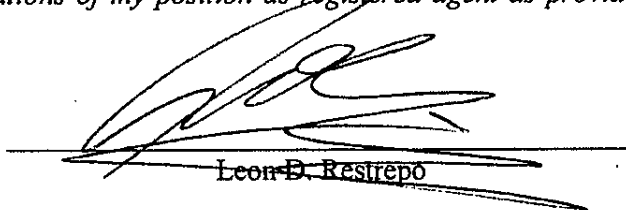
8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Leon D. Restrepo  
8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

*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, Florida Statutes.*

  
Leon D. Restrepo

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

The names and addresses of the Managers are as follows:

**Title:**


**Name and Address:**

"MGR"

Leon D. Restrepo  
8405 SE 128<sup>th</sup> Lane  
Summerfield FL 34491

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2012 APR 18 AM 09:21  
CLERK OF COUNTY CLERK  
PALM BEACH COUNTY, FLORIDA

**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.)

Leon D. Restrepo  
Typed or printed name of signee