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SECRETARY OF STATE
TALL ALL SSSEE FROM

C. LEWIS

JUN -1 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		•	
_{SUBJECT:} 4700	SR 66 LLC		
		d Liability Compa	nny
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing	ţ,
Please return all correspo	ondence concerning this matte	er to the following	:
<u>Barbara</u>			
	1	Name of Person	
4700 SR			
		Firm/Company	
_5000 SR	66		
		Address	
Sebring, F			
vankee609	City 8@aol.com	State and Zip Code	
yaimaaaa	E-mail address: (to be used fo	r future annual repo	rt notification)
For further information co	oncerning this matter, please	call:	-0. 1225
Barbara K Martz		at (_863	386-1235 381-2371
Name o			& 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 Certified Cop (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: 4700 SR 66 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:** <u> Mailing Address:</u> 5000 SR 66 5000 SR 66 Sebring, Fl. 33875 Sebring, Fl. 33875 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: Barbara K Martz Name 5000 SR 66 Florida street address (P.O. Box NOT acceptable) Sebring, City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited

Having been named as registered agent and to accept service of process for the above state timited 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)

ADTICLE IV Managarda) an Managarda			FILED		
ARTICLE IV- Manager(s) or Man The name and address of each Manag	ger or Managing Member is as follows:		AM 10: 3		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY TALLAHASSE	OF STATE, FLORE		
MGR	John L Martz 3- 5000 SR 66 Sebring, Fl. 33875				
MGRM	Barbara K Martz 5000 SR 66 Sebring, Fl. 33875	<u> </u>			
-					
(Use attachment if necessary)					
	date of filing: 05/2 3 /2012 e specific and cannot be more than five		,		

REQUIRED SIGN

Signature of a member or an authorized representative of a member.

(In adcordance 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.)

Tohn L MARTE JTyped 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)