#1/2000/14035

| (Requestor's Name) | |
|---|-------------|
| • | |
| (Address) | |
| | |
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| (Business Entity Name) | |
| | |
| (Document Number) | <u>-</u> |
| | |
| Certified Copies Certificates of | Status |
| | |
| | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



200235545692

06/01/12--01009--003 **125.00

12 JUN -1 PH 1:37
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER SUN 4 2012

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| _{SUBJECT:} Elderberry Lane, LLC | |
| | nited Liability Company |
| The enclosed Articles of Organization and fee(s) as | re submitted for filing. |
| Please return all correspondence concerning this m | atter to the following: |
| Holly M. O'Neill, Esq. | |
| | Name of Person |
| Miller & O'Neill, P.L. | |
| | Firm/Company |
| 2101 NW Corporate Blvd. | , Ste. 400 |
| | Address |
| Boca Raton, FL 33431 | |
| - | City/State and Zip Code |
| honeill@mandolaw.com | |
| E-mail address: (to be use | d for future annual report notification) |
| For further information concerning this matter, plea | se call: |
| Sara J. LeRoy, Esq. | _{at (} 561353-3880 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times \text{Certificate of Status}\$ | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of th | e Limited Liability Company is: |
|----------------|---|
| Elderberr | y Lane, LLC |
| | (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| A DOLOT ELY | 4.33 |

ARTICLE II - Address:

ARTICLE I - Name:

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

| Principal Office Address: | Mailing Address: | |
|---|---|----------------------------|
| 95120 Elderberry Lane | 7830 Whiterim Dr. | |
| Fernandina Beach, FL 32034 | Potomac, MD 20854 | |
| ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre | | Signature: dual or another |
| Miller & O'Neill | • | 题上后 |
| Name | | - 개위 포 모 |
| 2101 NW Co | orporate Blvd., Ste. 400 | Post : |
| Floric | da street address (P.O. Box NOT acceptable) | 電台 31 |
| Boca Raton | _{FT} 33431 | I |

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.

Miller & Ormale (1, P. L.)

City, State, and Zip

Well Oneil

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Kim Viti Fiorentino, Trustee of the Kim Viti Fiorentino Revocable Trust dtd. 5/13/2009, as amended MGRM Louis Carl Fiorentino, Trustee of the Louis Carl Fiorentino Revocable Trust dtd. 5/13/2009, as amended (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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. 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.)

Typed 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)

Filing Fees: