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	(Requestor's Name)
<u> </u>	(Address)
·	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUL 11 2011

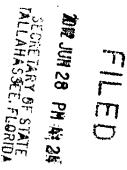
EXAMINER

Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: GATORWOOD ASHINGTON APTS OF LAKE CITY	'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: WILLIAM H. RILEY Name of Person	ALLAHASSEE. FLO	MA TO THE
Name of Felson	RO	晋 5
Firm/Company		,
1090 PINELLAS BAYWAY S., A-3	国の	
Address	<u> </u>	
TIERRA VERDE, FL 33715	IAR ASS	JUN 28
City/State and Zip Code	in ®	72
whr@rileykiraly.com	750	
E-mail address: (to be used for future annual report notification)	25	્રા <u>છ</u>
For further information concerning this matter, please call:	>	447
WILLIAM RILEY at (727) 867-0130		
Name of Person Area Code & Daytime Telephone Numb	ег	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified (additional copy is enclosed)	ite of Stat	tus &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GATORWOOD ASHINGTON APTS OF LAKE CITY 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:	Mailing Address:		
184 SW DOMINO'S WAY SUITE 104	1090 PINELLAS BAYWAY TIERRA VERDE, FL 33715		
LAKE CITY, FL 32025	TIETO VERDE, LE SOTTE	,	
LARE CITT, FL 32025			
	Registered Agent. You must designate an ind the registered agent are:	ividual eranother JUN 28 PA SECRETARY OF ALLAHASSEE, F	H L
184 SW DOMINO'S WAY, #104			
Florida stree	et address (P.O. Box NOT acceptable)	STATE LORIDA	Angle St.
LAKE CITY	_{FL} 32025	> 450	
City	y, State, and Zip		

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)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

	= Manager " = Managing Member	Name and Address:	
MGRM		WILLIAM H. RILEY	
		184 SW DOMINO'S WAY, #104	
		LAKE CITY, FL 32025	- B
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		<u></u>	原星
			28 P
			E PR
			•

(Use atta	chment if necessary)		
		date of filing: (
	ate is listed, the date must be er the date of filing.)	e specific and cannot be more than five bu	isiness days prior
o or 30 days and	r the date of thing.)		
REQUI	RED SIGNATURE:		
	Orelle	nt Reley	
	Signature of a membe	er or an authorized representative of a member.	
	constitutes an affirmation under I am aware that any false inform	8.408(3), Florida Statutes, the execution of this docur the penalties of perjury that the facts stated herein nation submitted in a document to the Department of a sprovided for in s.817.155, F.S.)	are true.
	WILLIAM H. R	·	

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)

Typed or printed name of signee