L13000053703

(Requestor's Name)

(City/State/Zip/Phone #)

☐ WAIT

(Business Entity Name)

(Document Number)

Certificates of Status_

Office Use Only

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Certified Copies

200244564752

13 MAR -4 PM 4: 1

B. BOSTICK
MAR - 5 2013
EXAMINER

TÖ:

Registration Section Division of Corporations

Countryside Properties, 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:

Katie Goff Name of Person Countryside Properties Firm/Company 13365 W. Hillsborough Ave. Address Tampa, FL 33635 City/State and Zip Code katie@tlhuntinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Torrence L. Hunt

Name of Person

Area Code & 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 Fee & Certified Copy (additional copy is enclosed) \$160.00 Filin Fee, -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

ARTICLE I - I The name of the	Name: e Limited Liability Co	mpany is:		
Countryside Prope		cimited Liability Company, "L.L.C.," or "LLC.")	· 	
ARTICLE II -	Address:			
The mailing add	dress and street addres	s of the principal office of the Limited Liabili	ity Compai	ny is:
Principal Offic	ce Address:	Mailing Address:		
13365 W. Hillsborough Avenue Tampa, FL 33635		13365 W. Hillsborough Avenue		
		Tampa, FL 33635		
(The Limited Liability business entity with	ty Company cannot serve as it an active Florida registration	Name	or another 13 MAR -4	imited
		da street address (P.O. Box <u>NOT</u> acceptable)	PM 4: 17	\bigcirc
	Tampa	_{FL} 33635	17 Ref	
liability com registered age all statutes re	npany at the place desigent and agree to act in elating to the proper and obligations of my pos	City, State, and Zip ent and to accept service of process for the aborgnated in this certificate, I hereby accept the appropriate in this capacity. I further agree to comply with the complete performance of my duties, and I are into as registered agent as provided for in Chapter (REQUIRED)	ppointmen he provisio m familiar	t as ons of with

(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:

MGR	Torrence L. Hunt		
	13365 W. Hillsborough Ave.		
	Tampa, FL 33635		
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			T
			
		<u> </u>	g equate j
(Use attachment if necessary)		IAITE ORIDA	
CLE V: Effective date, if other than	the date of filing:	. (OPTIONAL)	
effective date is listed, the date n	nust be specific and cannot b	e more than five business da	ays
to or 90 days after the date of filing	;.)		
REQUIRED SIGNATURE:	_		

(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.)

Torrence L. Hunt

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2013

KATIE GOFF 13365 W. HILLSBOROUGH AVENUE TAMPA, FL 33635

SUBJECT: COUNTRYSIDE PROPERTIES, LLC

Ref. Number: W13000010930

13 MAR -4 PM 4: 17

We have received your document for COUNTRYSIDE PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is G00068,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 013A00004379