

L13000040912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

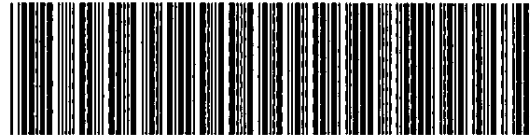
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 MAR 18 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 19 2013

**CLAYTON H. BLANCHARD, JR., P.A.**

Attorney at Law  
35 East Pinehurst Boulevard  
Eustis, Florida 32726

Telephone (352) 589-1919

Telecopier (352) 589-0032

March 11, 2013

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

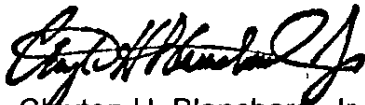
Re: *Six Corners Investments, LLC*

Dear Sir or Madam:

In reference to the above, enclosed please find *Articles of Organization of Six Corners Investments, LLC* to be filed with the Florida Department of State. Also, enclosed please find a check in the amount of \$130.00 for the filing fee and certified copies to be returned to me.

If you should have any questions or comments, please do not hesitate to contact me at (352) 589-1919.

Sincerely,



Clayton H. Blanchard, Jr.

CHB/rls

Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Six Corners Investments, 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:

32819 Wolf's Trail  
Sorrento, Florida 32776

#### Mailing Address:

Post Office Box 633  
Eustis, Florida 32727

### 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:

Marcy M. Fuller

Name

32819 Wolf's Trail

Florida street address (P.O. Box **NOT** acceptable)

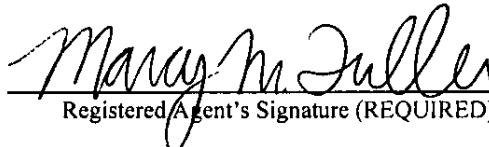
Eustis

FL 32727

City, State, and Zip

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*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Marcy M. Fuller

32819 Wolf's Trail

Eustis, Florida 32727

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

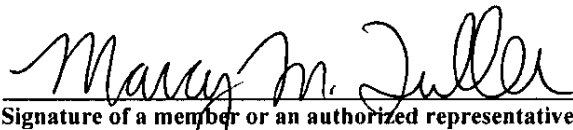
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(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.)

Marcy M. Fuller

Typed or printed name of signer

**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)**

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