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07/10/13--01016--007 **125.00



B. BOSTICK
JUL 1 1 2013
EXAMINER

COVER LETTER TO: Registration Section Dision of Corporations 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: Name of Person Firm/Company Address City/State and Zip Code mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee □ \$160.00 Filing Fee, □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Lake Santa Fe Cabin, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

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

Mailing Address:

2422 SE CRZIB Melrose, FL 32666	11721 Alexander Ct. Jacksonville, FL 32225
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
Florida street addition of the street additions of the	egistered agent are: AHANRY OF ANALY SECRET AND AM SECRET

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:

,		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Mike Hensch 11721 Alexander Ct. Jacksonville, FL 32225	
MGRM	David Hensch 28024 SW 168+11 Ct. Homestead, FL 33030	
MGRM	Sarah Anderson 11379 Motor Yacht Dr. N Jacksonyille, FL 32225	
MGRM	Susan Hensch 259 Robin Court Altamonte Springs, FL 32701	
(Use attachment if necessary)	·	
CLE V: Effective date, if other than the date of filing: Taly 27, 2013. (OPTIONAL)		

ARTICLE V: Effective date, if other than the date of filing: Jaly 22, 2013. (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.)

Mike Hensch
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)

2013 JUL 10 AMIN: 20