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1. SHAPER JUL 25 2013

(850) 245-6051.

COVER LETTER

TO: **Registration Section Division of Corporations**

14905 Arbor Springs 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:

Stephen K. Hachey, Esq.

Law Offices of Stephen K. Hachey, P.A.

4007 N. Taliaferro Ave. Ste. B

Tampa, FL 33603

City/State and Zip Code

shachey@hacheylawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Hachey

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 FMMg 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 - Name:				
The name of the Limited Liability Company	is:			
14905 Arbor Springs LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited L	Liability(Comp	oany is:
Principal Office Address:	Mailing Address:			
4007 N. Taliaferro Ave. Ste. B	4007 N. Taliaferro Ave. Ste. B			
Tampa, FL 33603	Tampa, FL 33603		_	
			-	
4007 N. Taliaferro Ave. Ste. B Florida street Tampa, FL 33603		SECRETARY OF STATE TALLAHASSEE. FLORIDA	13 JUL 24 PH 2: 23	Constitution of the second
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as Registered Agent's Signature	in this certificate, I hereby accept pacity. I further agree to comply v plete performance of my duties, an	the appo with the p nd I am fo	ointme provis amilia	ent as cions of ar with

Page 1 of 2

(CONTINUED)

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

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

"MGRM" = Managing Member	
MGRM	STEPHEN K HACHEY
	4007 N. TALIAFERRO AVE. STE. B
	TAMPA FL 33603
······································	
LE V: Effective date, if other tha ffective date is listed, the date	in the date of filing: must be specific and cannot be more than five busing.)
LE V: Effective date, if other tha ffective date is listed, the date or 90 days after the date of filir	must be specific and cannot be more than five busin
LE V: Effective date, if other tha ffective date is listed, the date or 90 days after the date of filir	must be specific and cannot be more than five busin ag.)
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LE V: Effective date, if other tha ffective date is listed, the date or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than six busin ag.)
LE V: Effective date, if other that ffective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a material (In accordance with section constitutes an affirmation I am aware that any false)	must be specific and cannot be more than six busin ag.) ALLAHASSEE, FLORE THE STATE OF STATE
ffective date is listed, the date or 90 days after the date of filing response to the date of	must be specific and cannot be more than five busing.) The provided representative of a member of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)