

L13000110354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

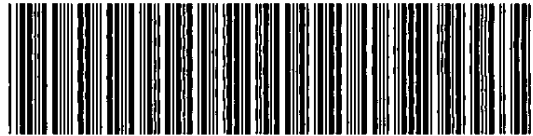
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG - 5 AM 8:55

8204-811

AUG - 6 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MURPHY'S MOBILE HOME PARK, 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:

DONIA A. ROBERTS, ESQ.

Name of Person

DONIA A. ROBERTS, P.A.

Firm/Company

257 SE DR. MLK JR. BLVD.

Address

BELLE GLADE, FLORIDA 33430

City/State and Zip Code

ATTORNEY@DONIAROBERTSPA.COM

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

For further information concerning this matter, please call:

DEBRA SCONYERS

Name of Person

at (**561**) **261-1716**

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 Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG -5 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 22, 2013

DONIA A ROBERTS ESQ
257 SE DR MLK JR BLVD
BELLE GLADE, FL 33430

SUBJECT: MURPHY'S MOBILE HOME PARK, LLC
Ref. Number: W13000041038

We have received your document for MURPHY'S MOBILE HOME PARK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : MURPHY MOBILE HOME PARK, LLC, document number L10000031199.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00017692

July 30, 2013
Amy Tom
Legal Ass't.
561.993.0990

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MURPHY'S MOBILE HOME PARK, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1817 S. E. AVENUE J
BELLE GLADE, FLORIDA 33430

1817 S.E. AVENUE J
BELLE GLADE, FLORIDA 33430

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:

DEBRA J. SCONYERS

Name

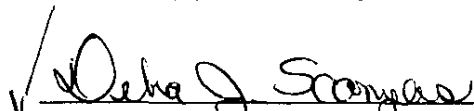
1817 S.E. AVENUE J

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

BELLE GLADE FL 33430

City, 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..


Debra J. Sconyers
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

DEBRA J. SCONYERS
1817 S. E. AVENUE J
BELLE GLADE, FLORIDA 33430

MGRM

JULIE A. DOUGLAS
14500 S.W. CONNERS HWY.
OKEECHOBEE, FL. 34974

(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:

✓ *Debra J. Sconyers*
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.)

DEBRA J. SCONYERS

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)

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DIVISION OF CORPORATIONS
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