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-				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Registration Se Division of Con					
SUBJE	CT:	Villa of Tu	shawill a Road			
	Name of Limited Liability Company .					
				·		
The end	The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please r	e enclosed Articles of Organization and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following:					
<u>-</u>		Jamie MeCa	slin Harry	The state of the s		
				22		
_	Villa of Tuskawlla Road Firm/Company					
	Firm/Company 995 Tuskuwilla Rrad Address					
-						
	Winter Springs, FL 32708 jharry 62@me.com					
-						
		E-mail address; (to be used t	for future annual report notification)			
For furt		concerning this matter, please				
	Jamie	u. Harry	at (540) 931-30 Area Code & Daytime Telepi	058		
	Name (of Person J	Area Code & Daytime Telepi	none Number		
Enclose	ed is a check fo	r the following amount:				
⊒ \$125.0	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 Ci Tallahassee, FL 32301	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Villa of Tuslcawi (Must end with the words "Limited Liability"	11a Road, 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 princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
995 Tuskawilla Rvad Winter Springs FL 32708	
Winter Springs FL 32708	(same)
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	d Agent. You must designate an individual or another
The name and the Florida street address of the regi	
Jamie M. F	tarry :
995 Tuskaw	MaRoad
Florida street addres	s (P.O. Box NOT acceptable)
Winter Spri City, State,	and 21p
Having been named as registered agent and to accept liability company at the place designated in this registered agent and agree to act in this capacity, all statutes relating to the proper and complete p and accept the obligations of my position as regis	certificate, I hereby accept the appointment as I further agree to comply with the provisions of performance of my duties, and I am familiar with
26.7	any
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	Name and Address:
"MGRM" = Managing Member	
Mgr	Jamie M. Harry 995 Tuskawill of Rd Vinter Springs FL 32708
(Use attachment if necessary)	
	late of filing: <u>dugust 1, 2013</u> (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
(3	_

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.)

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)