

L 14000008554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

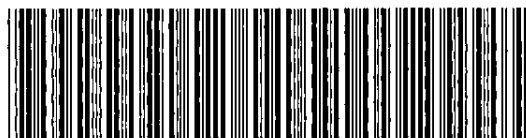
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/07/14--01003--006 **125.00

RECEIVED
14 JAN -6 PM 3:51
DIVISION OF CORPORATIONS

14 JAN 16 PM 12:00
SECTION 607.01, STATE
FLORIDA

APPROVED
FILED

K. GALT
EXAMINER
JAN 16 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2014

HOPPING GREEN & SAMS, P.A.
JASON E MERRITT
119 SOUTH MONROE ST, STE. 300
TALLAHASSEE, FL 32301

SUBJECT: MAGNOLIA CREEK CDD HOLDINGS, LLC
Ref. Number: W14000000966

We have received your document for MAGNOLIA CREEK CDD HOLDINGS, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 314A00000315

Hopping Green & Sams

Attorneys and Counselors

January 16, 2014

VIA HAND DELIVERY

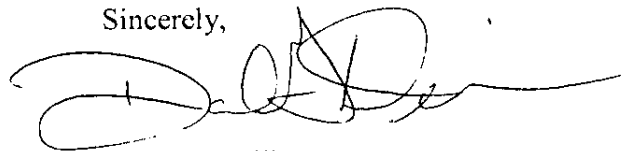
Ms. Karen Saly
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: *Magnolia Creek CDD Holdings, LLC*
Articles of Organization

Dear Ms. Saly:

Pursuant to conversations with your office, enclosed herewith please find a revised copy of Articles of Organization for Florida Limited Liability Company for the above-referenced entity. The articles were revised at the Department's request in order to comply with new statutory requirements under Chapter 605, Florida Statutes. My understanding from speaking with your office is that you are currently holding our firm's check in the amount of \$125.00, until such time as you receive the enclosed. Should you need any additional information from our office, please do not hesitate to contact me or Jason E. Merritt at (850) 222-7500. We appreciate your assistance in this matter.

Sincerely,



David G. Wilbourn
Paralegal

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magnolia Creek CDD Holdings, 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:

Jason E. Merritt
Name of Person

Hopping Green & Sams, P.A.
Firm/Company

119 South Monroe Street, Suite 300
Address

Tallahassee, FL 32301
City/State and Zip Code

JasonM@hgsllaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason E. Merritt at (850) 222-7500
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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Magnolia Creek CDD Holdings, 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:

Mailing Address:

c/o Rizzetta-Magnolia Creek Properties, LLC

3434 Colwell Avenue, Suite 200

Tampa, Florida 33614

c/o Rizzetta-Magnolia Creek Properties, LLC

3434 Colwell Avenue, Suite 200

Tampa, Florida 33614

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:

Rizzetta-Magnolia Creek Properties, LLC

Name

3434 Colwell Avenue, Suite 200

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

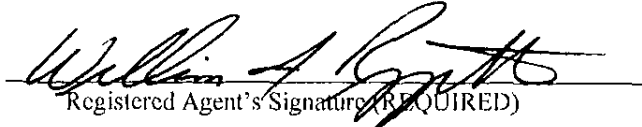
Tampa

City

FL 33614

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Rizzetta-Magnolia Creek Properties, LLC

3434 Colwell Avenue, Suite 200

Tampa, Florida 33614

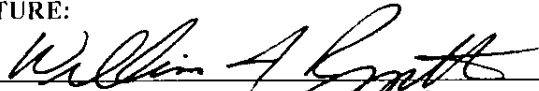
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

William Rizzetta, Authorized Representative

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)