

L14000066714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

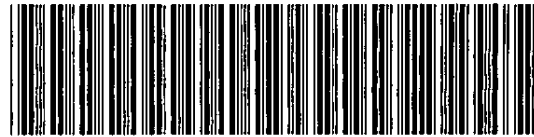
(Document Number)

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DEPARTMENT OF REVENUE

FILED

14 APR 23 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Avalon Woods of Lakeland, LLC

Signature _____

Requested by: SETH

04/21/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2014

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: AVALON WOODS OF LAKE LAND, L.L.C.
Ref. Number: W14000025718

2014 APR 23 PM 3:44
TO AVALON WOODS OF LAKE LAND
SUFFICIENCY OF FILING

We have received your document for AVALON WOODS OF LAKE LAND, L.L.C. and your check(s) totaling \$155.00. 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.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 214A00008645

**ARTICLES OF ORGANIZATION
OF
AVALON WOODS OF LAKE LAND, L.L.C.
a Florida Limited Liability Company**

FILED
14 APR 23 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. Name

The name of the Limited Liability Company is: **AVALON WOODS OF LAKE LAND, L.L.C.**

ARTICLE II. Address

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

**5202 Messina
Lakeland, FL 33813**

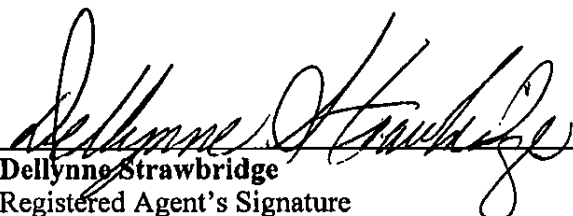
ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Dellynne Strawbridge
5202 Messina
Lakeland, FL 33813**

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.


Dellynne Strawbridge
Registered Agent's Signature

ARTICLE IV. Management

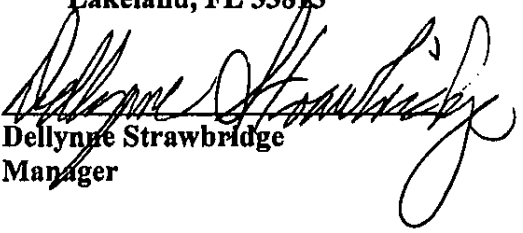
The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

V. Frederick Strawbridge
5202 Messina
Lakeland, FL 33813

Dellynne Strawbridge
5202 Messina
Lakeland, FL 33813

Dated: April 21, 2014.

By:


Dellynne Strawbridge
Manager