

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000129440 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Tamarind Grove LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

B. BOSTICK

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Corporate Filing Menu

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JUN - 6 2014

EXAMINER

6/3/2014

COVER LETTER

new tracking # H14000129440 3

TO: Registration Section
Division of Corporations

SUBJECT: Tamarind Grove 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:		
Cheyenne Moseley		
(Name of Person)		_
Legalzoom.com, Inc.		
(Firm/Company)		
100 W. Broadway, Suite 100		
(Address)	wat miles	_
Glendale, CA 91210	, 11.	7
(City/State and Zip Code)		
For further information concerning this matter, please call:	ANY C	'n
Cheyenne Moseley 323 962-8600 ext. 7625		Þ
(Name of Person) (Area Code & Daytime Telephone Num	nber) ,, ;	ر ن رن
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status d Copy al copy is enclo	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

06/04/2014 WED 10:45 PAX 352 391 1760 officen bank

Ø002/004

new tracking # H14000129440 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is.		
Tamarind Grove LLC		
(Must end with the words "Limit	ted Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	d office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
2552 Mosby Terrage		
The Villages, FL 32162		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or		
another business entity with an active Florida registra		
The name and the Florida street address of the register	red agent are:	-
Jeffrey D Johnson	-	
Nai	me	,
OFFO Marky Tarras		And the second s
2552 Mosby Terrace Florida street address (P.O. Box NOT acceptable)		
The Villages	F1. 32162	
City	Zip	
Having been named as registored agent and to accept	Leaveles of wooder for the above	etated Builted Habiltonesses
the place designated in this verificate, I hereby acc coposity. I further agree to comply with the provision of my dattes, and I am familiar with and accept the	cept the appointment as registered as of all statutes relating to the pr	l agent and agree to act in this oper and complete performance
Registered agent's Mg	manure (REQUIRED)	
. Joittey do		
Page 1	·	

new tracking # H14000129440 3

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGRM	Jeannie Martin
• • • • • • • • • • • • • • • • • • • •	2552 Mosby Terrace
	The Villages, FL 32162
MGRM	Edward Barberi
	2552 Mosby Terrace
	The Villages, FL 32162
MGRM	Bernadette Berberi
	2552 Mosby Terrace
	The Villages, FL 32162
MGRM	Jeffrey D Johnson
	2552 Mosby Terrace
	2552 Mosby Terrace The Villages, FL 32162
(Use attachment if necessary)	2552 Mosby Terrace The Villages. FL 32162
LE V: Effective date, if other than the	2552 Mosby Terrace The Villages. FL 32162 date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	The Villages. FL 32162 date of filing:
EV: Effective date, if other than the ective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	The Villages. FL 32162 date of filing:
EV: Effective date, if other than the ective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	The Villages. FL 32162 date of filing:
EV: Effective date, if other than the ective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation)	The Villages. FL 32162 date of filing:

Page 2 of 2

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 (2011)

\$ 5.00 Certificate of Status (Optional)

06/04/2014 WBD 10:46 FAX 352 391 1760 citizen bank

Ø004/004

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Attachment to Articles of Organization for Tamarind Grove LLC

Additional members of the Limited Liability Company are:

Name of Member	Address
Eunice M Johnson	2552 Mosby Terrace, The Villages, FL 32162
Gregory J Kuzbida	2552 Mosby Terrace, The Villages, FL 32162
Patricia Kuzhida	2552 Mosby Terrace, The Villages, FL 32162

850-817-6381

6/2/2014 9:32:16 AM PAGE 1/001 Fax Server

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June 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALZOOM.COM INC.

SUBJECT: TAMARIND GROVE LLC

REF: W14000033940

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000126010 Letter Number: 914A00011744

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14 JUN-5 PH 3: 14
SECRETER OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314