

L14 000096205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

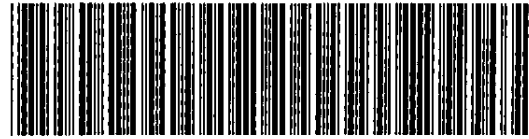
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN 15 09:19:00
06/16/14

J. SHIMMICK JUN 16 2014

Patricia R. Mueller, P.A.

Attorney at Law

3900 Lake Center Drive, Suite A-5
Mount Dora, Florida 32757
Telephone (352) 735-3111
Facsimile (352) 735-3011

June 12, 2014

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Organization of
SHOPPES ON MAIN STREET, LLC

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization for the above-named company. Please file the original Articles and certify the enclosed copy as the certified copy, and return same to me. Enclosed is my firm's check in the sum of \$155.00 to cover the filing costs, as follows:

1. Filing Fee/Designation of Resident Agent	\$125.00
2. Certified Copy	\$ 30.00

Total	\$155.00

Please do not hesitate to contact me if you have any questions.

Yours very truly,



Patricia R. Mueller

PRM/psc
Enclosures

ARTICLES OF ORGANIZATION
FOR
SHOPPES ON MAIN STREET, LLC
A Florida Limited Liability Company

ARTICLE I
Name

The name of the limited liability company is Shoppes on Main Street, LLC.

ARTICLE II
Address

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:
300 Lake Ella Road
Fruitland Park, FL 34731

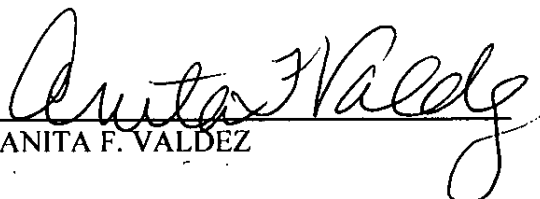
Mailing Address:
300 Lake Ella Road
Fruitland Park, FL 34731

ARTICLE III
Registered Agent, Registered Office, And Registered Agent's Signature

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

Anita F. Valdez
300 Lake Ella Road
Fruitland Park, FL 34731

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, Florida Statutes.


ANITA F. VALDEZ

STATE OF FLORIDA
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA
14 JUN 16 PM 1:03
00000000000000000000000000000000

ARTICLE IV
Management and Control

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

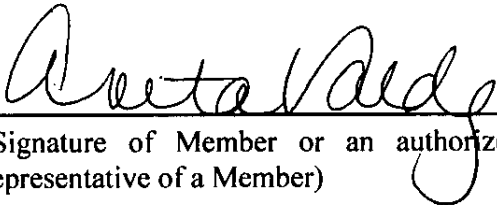
Anita F. Valdez, as Trustee of the Anita F. Valdez
Family Trust dated February 18, 1998
300 Lake Ella Road
Fruitland Park, FL 34731

ARTICLE V
Effective Date

The effective date of this limited liability company is the date of filing.

Date:

6-9-2014


(Signature of Member or an authorized
representative of a Member)

Anita F. Valdez

Print Name

(In accordance with § 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 § 817.155, F.S.)

RECEIVED
TALLAHASSEE, FLORIDA
14 JUN 15 09:10 AM '14