L15000034488

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600268541866

01/30/15--01011--003 **130.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2015 JAN 30 PM 1: 1

LEB 10 2015 J. HARRIS

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: 3505 FLAGAN AVE LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	REX A. HURLEY	N CD	
		Name of Person	
		Firm/Company	
	917 RIDGECREST ROAD	Address	
	ORLANDO, FLORIDA 32806	City/State and Zip Code	
т	urlev@hrmcw.com	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Rex	Name of Person	407) 571-7400 Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
□ \$ 125.0	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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
3505 FLAGAN AVE LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
917 RIDGECREST ROAD ORLANDO, FL 32806	917 RIDGECREST ROAD ORLANDO, FL 32806
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
REX A. HURLEY Name	
917 RIDGECREST ROAD Florida street address (P.O. Box N	NOT acceptable)
ORLANDO City	FL 32806 Zip
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance gations of my position at registered agent as provided for in the following of the following the complete performance gations of my position at registered agent as provided for in the following the complete performance gations of my position at registered agent as provided for in the following the complete performance gations of my position at registered agent and agree to act in this call the complete performance gations of my position at registered agent as provided for in this call the complete performance gations of my position at registered agent as provided for in this call the complete performance gations of my position at registered agent as provided for in this call the complete performance gations of my position at registered agent as provided for in the complete performance gations of my position at registered agent as provided for in the complete performance gations of my position at registered agent as provided for in the complete performance gations of my position at registered agent as provided for in the complete performance gations of the complete performance gations are complete performance gations and the complete performance gations are complete performance gations and the complete performance gations are complete performance gations and the complete gation

FILED 2015 JAN 30 PM 1: 33

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	REX A. HURLEY
	917 RIDGECREST ROAD
	ORLANDO, FL 32806
MBR	SHANNON HURLEY
	917 RIDGECREST ROAD
	ORLANDO, FL 32806
	
	
Use attachment if necessary)	
f filing.)	
C VII. Other providing if our	
E VI: Other provisions, if any.	
EVI: Other provisions, if any.	
E VI: Other provisions, if any.	
	1/2/1/1/2
	MMM
REQUIRED SIGNATURE:	Manufacture of a member
REQUIRED SIGNATURE: Signature of a membe	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a membe	or an authorized representative of a member of a membe
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the	(1) (1) (5) (Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
Signature of a membe (In accordance with section 605.02)	(1) (1) (5) (Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the 1 am aware that any false information constitutes a third degree felony as	(1) (1) (5) (Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in \$.817.155, F.S.)
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the 1 am aware that any false information constitutes a third degree felony as	(1) (1) (5) (Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in \$.817.155, F.S.)
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the 1 am aware that any false information constitutes a third degree felony as	(1) (1) (5) (Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the 1 am aware that any false information constitutes a third degree felony as	93 (106), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.) A P P P P P P P P P P P P P P P P P P
(In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as I y	(1) (1) (Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.) A P P P P P P P P P P P P P P P P P P
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under pred 1 am aware that any false informatic constitutes a third degree felony as	93 (106), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.) A P P P P P P P P P P P P P P P P P P
Signature of a membe (In accordance with section 605.02 constitutes an affirmation under present am aware that any false informatic constitutes a third degree felony as	(1) (1) (Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.) A P P P P P P P P P P P P P P P P P P

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)