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FEB 19 2015 J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: SIEGERS RUN, LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The enc	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Debbie Boyce
	Name of Person
	Hershoff, Lupino & Yagel, LLP
	Firm/Company
	90130 Old Highway
	Address
	Tavernier, FL 33070
	City/State and Zip Code
	ryage1@tropicalaw.com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Debb	ie Boyce at ( 305 ) 852-8440
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed)  \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF OROANZATION TORFI	SAMPA ENTITED LABILITY COME ANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SIEGERS RUN, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ADTICLE II. Addison	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13110 SW 41st Place	P.O. Box 1862
Ocala, FL 33481	Key Largo, FL 33037
<del></del>	·····
ARTICLE III - Registered Agent, Registered Office, &	
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	
The name and the Florida street address of the registered a	are:
	igent are.
Russell A. Yagel Name	
90130 Old Highway	NOT acceptable)
Florida street address (P.O. Box )	NOT acceptable)
Tavernier, FL 33070	FL
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in if 603, F.S
(CONTINUE	(D)

Page 1 of 2

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SECRETARY OF STATE
TAIL AHASSEF FI ORIO

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR Manager	Russell A. Yagel and Kellie Evans Yagel,
	P.O. Box 1862
	Key Largo, FL 33037
(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	te of filing: (OPTIONAL)
CLE V: Effective date, if other than the da	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days aft
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LE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a new constitutes an affirmation unconstitutes an affirmation unconstitutes an affirmation unconstitutes.	pecific and cannot be more than five business days prior to or 90 days after the perior an authorized representative of a member. 603-0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the da  ffective date is listed, the date must be se of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n  (In accordance with section to constitutes an affirmation un- I am aware that any false info	nember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  305.0203 to the penalties of perjury that the Department of State
LE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a normal (In accordance with section to constitutes an affirmation unit am aware that any false info	pecific and cannot be more than five business days prior to or 90 days after the perior an authorized representative of a member. 603-0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

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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) OISFEBIZ PM 1:0