

L150000063073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

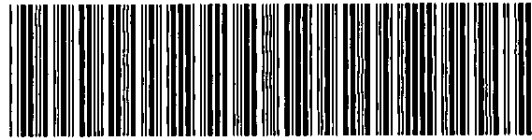
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
15 APR 10 PM 1:14  
DIVISION OF CORPORATIONS

15 APR 10 PM 1:25  
SECRETARY OF STATE  
PALATKAUSSET FLORIDA

APR 10 2015  
FILED

APR 10 2015

T. BROWN

Lisa Smith

Requester's Name

PO Box 3621

Address

TLH FL 32315

City/State/Zip

Phone

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. The Estates of Redwood LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)
5. \_\_\_\_\_  
(Corporation Name) (Document #)
6. \_\_\_\_\_  
(Corporation Name) (Document #)
7. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☐ Pick up time \_\_\_\_\_

☐ Will wait

☐ Photocopy

☒ Certified copy

☐ Certificate of Status

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is: **The Estates at Redwood, LLC.**

**ARTICLE 2 – ADDRESS**

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

Principal Office Address:

The Estates of Redwood, LLC  
3700 Deshazier Lane  
Tallahassee, FL 32303

Mailing Address:

c/o John L. Bischof, Attorney  
Post Office Box 13237  
Tallahassee, FL 32317

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 10 PM 1:25

**ARTICLE 3 – REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

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

John L. Bischof, Attorney at Law  
2927 Kerry Forest Parkway  
Tallahassee, FL 32309

*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, FS.*



Registered Agent's Signature (REQUIRED)

ARTICLE IV –

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

Antowan Byrd - President  
The Estates of Redwood, LLC  
3700 Deshazier Lane  
Tallahassee, FL 32303

Patrick Glover – *Manager*  
The Estates of Redwood, LLC  
3700 Deshazier Lane  
Tallahassee, FL 32303

Gwen Deshazier – *Manager*  
The Estates of Redwood, LLC  
3700 Deshazier Lane  
Tallahassee, FL 32303

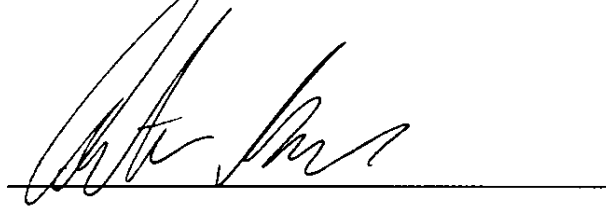
ARTICLE V:

Effective date, if other than the date of filing: \_\_\_\_\_

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the filing.)

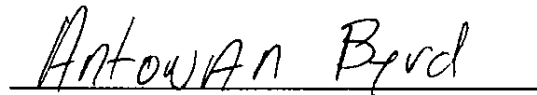
ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to be "Antwan Byrd", written over a horizontal line.

Signature of a member or an authorized representative of a member

(In accordance with Section 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 s817.155, FS)

The name "Antwan Byrd" written in a cursive, handwritten style in black ink, positioned above a horizontal line.

Typed or printed name of signee