

05/14/2015 15:50

(FAX) 774 42 9631

P 001/0

# L15000085458

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000118140 3)))



H150001181403ADCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.  
Account Number : I19990000015  
Phone : (727) 461-1111  
Fax Number : (727) 461-6430

\*\*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.  
CLUB COPA CAPRI APTS., LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

15 MAY 14 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 15 2015

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

**CLUB COPA CAPRI APTS., LLC**

**ARTICLE I: NAME AND MAILING ADDRESS**

The name of the Limited Liability Company is **CLUB COPA CAPRI APTS., LLC**, and its principal office and mailing address is 8730 143<sup>rd</sup> Street North, Seminole, Florida 33776.

**ARTICLE II: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

Karen S. Stoneburner  
8730 143<sup>rd</sup> Street North  
Seminole, Florida 33776

*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, F.S.*

  
KAREN S. STONEBURNER, Registered Agent

**ARTICLE III - MANAGEMENT**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed Company. The initial Manager shall be Karen S. Stoneburner, 8730 143<sup>rd</sup> Street North, Seminole, Florida 33776.

Prepared By:  
McFarland, Gould, Lyons,  
Sullivan & Hogan, P.A.  
Gary W. Lyons, Esq.  
FBN: 0268186  
311 S. Missouri Avenue  
Clearwater, FL 33756  
(727) 461-1111

05/14/2015 15:51

(FAX) 727 442 9631

P.003/003

H15000118140 3

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization for Florida Limited Liability Company this 14 day of May, 2015.



KAREN S. STONEBURNER

Title: Authorized Member & Manager

*(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 s.817.155, F.S.)*

FILED  
15 MAY 14 PM 6:58  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA