

**L15000/01196**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150001335013ABCT

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**\*RE-SUBMIT\***

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

Please retain original filing  
date of submission 6/4

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*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.  
Orange Leaf Gardens, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -4 AM 9:37

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15 JUN 10 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/11/15

Electronic Filing Menu

Corporate Filing Menu

Help

6/10/2015 2:21:02 PM From: To: 8506176383( 2/6 )

**Metayer, Kenny**

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**From:** I3 Voicemail System  
**Sent:** Thursday, June 04, 2015 1:41 PM  
**To:** Metayer, Kenny  
**Subject:** Fax Successfully Sent to 1 (850) 617-6383  
**Attachments:** FAX3376132487.TIF

Fax was successfully sent  
Remote Name: 1 (850) 617-6383  
Remote TN: 1 (850) 617-6383  
Fax Device: Media Server  
Transmission Rate: 14400  
Sender:

[ID: 2601852680]

6/10/2015 2:21:02 PM From: To: 8506176383( 3/6 )

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Orange Leaf Gardens, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Groussman

Name of Person

Orange Leaf Gardens LLC

Firm/Company

10006 Cross Creek Blvd., Suite 462

Address

Tampa, FL 33647

City/State and Zip Code

mgman@bullhunterllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Greenstein

Name of Person

at ( 212 ) 986-6000

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orange Leaf Gardens, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10006 Cross Creek Blvd  
Suite 462  
Tampa, FL 33647

Same as Principal

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sam Harris III

Name

10006 Cross Creek Blvd, Suite 462

Florida street address (P.O. Box NOT acceptable)

Tampa

FL

33647

City

Zip

*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.*

*Sam Harris III*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Mitchell Baruchowitz

10006 Cross Creek Blvd., Suite 462

Tampa, FL 33647

MGR

Mark Grousman

10006 Cross Creek Blvd., Suite 462

Tampa, FL 33647

MGR

Ethan Ruby

10006 Cross Creek Blvd., Suite 462

Tampa, FL 33647

MGR

Sam Harris III

10006 Cross Creek Blvd., Suite 462

Tampa, FL 33647

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

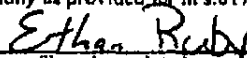
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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 s.817.155, F.S.)



Typed or printed name of signer

**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)

6/10/2015 2:21:02 PM From: To: 8506176383( 6/6 )

**Attachment to Articles of Organization for Florida Limited Liability Company**

**of**

**Orange Leaf Gardens LLC**

**Article IV (continued):**

**Title:**

**Name and Address:**

**AMBR**

**Roy Gene Davis  
10006 Cross Creek Blvd., Suite 462  
Tampa, FL 33647**

**AMBR**

**Steve Warren Davis  
10006 Cross Creek Blvd., Suite 462  
Tampa, FL 33647**

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