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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Division of C | | * | |
|--------------------------------|---|--|--|
| SUBJECT: G | B PROPERTY Name of Lin | GROUP LL(| 2 |
| The enclosed Articles | of Organization and fee(s) an | re submitted for filing. | |
| Please return all corres | pondence concerning this m | atter to the following: | |
| James | s G. Goodwi | Name of Person | |
| G3/ | PROPERTY GA | o J P Firm/Company | |
| <u> 173</u> | OLANTA DR | , Address | |
| The VM | Villages i 60 C Com E-mail address: (to be used | City/State and Zip Code CAST. NET I for future annual report notificat | 3 2/6 Z |
| For further information | concerning this matter, pleas | • | - , |
| | | 352) 430 - C | |
| Enclosed is a check for | r the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| · | ling Address stration | Street Address Registration Section | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| G3 PR | PERTY GROUP | LLC." or "LLC.") | |
|---|--|---|---|
| (Must end | with the words "Limited Liability | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal office of t | he Limited Liability Company is: | |
| <u>Princip</u> | al Office Address: | Mailing Addı | ess: |
| 173 OLAW | TA DR | Same AS PRI | nciple |
| | .5 | _ , | |
| The VillAge ニレ ヨンバ ARTICLE III - Registered Age | ent, Registered Office, & Regis | tered Agent's Signature: | ****** |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | ent, Registered Office, & Registered cannot serve as its own Register | tered Agent's Signature: ed Agent. You must designate an inc | *************************************** |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | ent, Registered Office, & Registered cannot serve as its own Registerective Florida registration.) | tered Agent's Signature: ed Agent. You must designate an indee: | *************************************** |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | ent, Registered Office, & Register cannot serve as its own Register active Florida registration.) address of the registered agent are harmonic for the registered agent | tered Agent's Signature: ed Agent. You must designate an indee: e: odwiLL; e III | dividual or |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | ent, Registered Office, & Registered cannot serve as its own Registerective Florida registration.) | tered Agent's Signature: ed Agent. You must designate an indee: e: odw:'LL; e III | dividual or |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | ent, Registered Office, & Register cannot serve as its own Register active Florida registration.) address of the registered agent are Sames C7. Go Name 173 OLANTA T. Florida street address (P.O. B. | tered Agent's Signature: ed Agent. You must designate an indee: e: odw:'LL; e III | *************************************** |

h place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I^{\odot} further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| MGR | JAMES G. Goodwillie III 173 OLANTA DR. Th. VILLAGES, Fr. 32162 |
| | |
| (Use attachment if necessary) | |
| | of filing: <u>July 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 de |
| of filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. | recific and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not be of State's records. |
| of filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. See A. REOUIRED SIGNATURE: | recific and cannot be more than five business days prior to or 90 defect the applicable statutory filing requirements, this date will not be of State's records. TACLE OF STATEMENT OF AUTHORITY OF AUTHORITY OF ALL LAW FUL DUSINESS |
| rithe date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. See And See To Conduct Any And See And See To Conduct Any And See And See To Conduct And Y A | recific and cannot be more than five business days prior to or 90 defect the applicable statutory filing requirements, this date will not be of State's records. TACLE OF TATEMENT OF AUTHORITY AND AUTHORITY More or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document of the Department of State of felony as provided for in s.817.155, F.S.) |
| TO COMMUNICATIVE: REOUIRED SIGNATURE: Gignature of a me (In accordance with section I am aware that any false constitutes a third degree | recific and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not be of State's records. The description of the statutory filing requirements, this date will not be of State's records. The description of the statutory filing requirements, this date will not be of State's records. The description of the statutory filing requirements, this date will not be of the statutory filing requirements. The description of the statutory filing requirements, this date will not be of the statutory filing requirements. The description of the statutory filing requirements, this date will not be of the statutory filing requirements, the statutory filing requirements. The description of the statutory filing requirements, this date will not be statutory filing requirements, this date will not be statutory filing requirements. |

ARTICLE IV-

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: |
|--|
| FIRST: The name of the limited liability company is: 93 Property GROUP, LLC |
| SECOND: The Florida Document Number of the limited liability company is: |
| THIRD: The street address of the limited liability company's principal office is: |
| 173 OLANTA DR |
| The Villages |
| FL 32162 |
| The mailing address of the limited liability company's principal office is: |
| |
| The Villages, IEL 32162 |
| |
| position of a person in a company, whether as a member, transferce, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Linda 5. Goodwille |
| b. No authority granted to: |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. |
| a. Granted to: Linda S. Goodwillie |
| b. No authority granted to: |
| nes G. Goodwillie II James G. Goodwillie II |
| Signature of authorized representative Filing Fee: \$25.00 Typed or printed name of signature |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)