

Division of Corporations

Page 1 of 2

# L16000013364

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.

(((H16000018841 3)))



H160000188413ABC5

**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)617-6391

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT  
Account Number : 075410002172  
Phone : (239)344-1100  
Fax Number : (239)344-1529

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: hfra@henlaw.com

**FLORIDA LIMITED LIABILITY CO.**  
**Greystone Haven, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

16 JAN 22 AM 11:19

16 JAN 22 PM 4:18

Division of Corporations

Page 2 of 2

FAX AUDIT NO.: H16000018841 3

**ARTICLES OF ORGANIZATION  
OF  
GREYSTONE HAVEN, LLC**

FILED  
16 JAN 22 AM 11:19  
RECEIVED  
JAN 24 2016  
FORT MYERS, FLORIDA

**ARTICLE I-NAME**

The name of the limited liability company shall be Greystone Haven, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

12800 University Drive, Suite 275  
Fort Myers, Florida 33907

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

<b><u>Name</u></b>	<b><u>Address</u></b>
HF Registered Agents, LLC	1715 Monroe Street Fort Myers, Florida 33901

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and

FAX AUDIT NO.: H16000018841 3

FAX AUDIT NO.: H16000018841 3

address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

**Name**

OJ Buigas

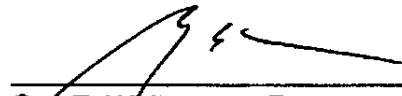
**Address**

12800 University Drive, Suite 275  
Fort Myers, Florida 33907

**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles this 22nd day of January, 2016.

  
\_\_\_\_\_  
Guy E. Whitesman, Esq.  
Authorized Representative

FAX AUDIT NO.: H16000018841 3

FAX AUDIT NO.: H16000018841 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT,  
IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Greystone Haven, LLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC  
1715 Monroe Street  
Fort Myers, Florida 33901

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,  
Florida Statutes.

HF REGISTERED AGENTS, LLC

  
\_\_\_\_\_  
Guy E. Whitesman, Esq.  
Vice President

FAX AUDIT NO.: H16000018841 3