

# 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.

(((H16000081678 3)))



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)617-6381

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 fut annual report mailings. Enter only one email address please. \*\*

Email Address:
----------------

FLORIDA LIMITED LIABILITY CO. The Palms Haven, LLC

### Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

N. Guillean

### ARTICLES OF ORGANIZATION

### **OF**

### THE PALMS HAVEN, LLC

The undersigned member and authorized representative (the "Authorized Representative") signs these Articles of Organization and forms a limited liability company (the "Company") under statute 605.0201 of the Florida Revised Limited Liability Company Act (the "Act"), as follows:

### ARTICLE I - NAME

The name of the Company is: THE PALMS HAVEN, LLC

## ARTICLE II - MAILING ADDRESS AND STREET ADDRESS

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

10246 Shadow Branch Drive Tampa, Florida 33647

### ARTICLE III - MANAGEMENT

The name and address of the initial managers of the Company are:

Melissa Stephens Bowersox 10246 Shadow Branch Drive Tampa, Florida 33647 Shawn Eric Bowersox 10246 Shadow Branch Drive Tampa, Florida 33647

## ARTICLE IV - EXISTENCE

The Company's existence will commence upon filing.

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

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

Melissa Stephens Bowersox 10246 Shadow Branch Drive Tampa, Florida 33647

[Signature appears on the following page]

4/1/2016 11:42:32 AM From: To: 8506176381( 3/4 )

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 section 817.155, Florida Statutes.

Melissa Stephens Bowersox

Authorized Representative of Member

4/1/2016 11:42:32 AM From: To: 8506176381( 4/4 )

### **ACCEPTANCE BY REGISTERED AGENT**

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

> Melissa Stephens Bowersox 10246 Shadow Branch Drive

Tampa, FL 33647

Dated: March 30, 2016

ANII: 03