

L 16000068768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

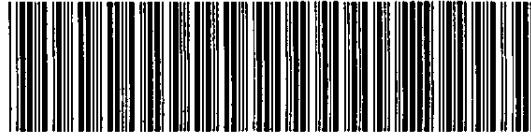
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Select - Town Park, 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:

Michael Paolucci
Name of Person

Select Strategies Realty
Firm/Company

400 Techne Center Drive, Suite 320
Address

Milford, Ohio 45150
City/State and Zip Code

mpaolucci@selectstrat.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Paolucci 513 332-9957
at ()
Name of Person 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



SELECT
STRATEGIES
REALTY

October 13, 2015

Florida Department of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Select – Town Park LLC
New Company filing

To Whom It May Concern:

Please accept the enclosed Articles of Organization for the named company. This is a new entity filing in the anticipation of future business. A check for \$160.00 is also enclosed so that we can receive the Certificate of Status and Certified Copy of the entity once filing is complete. Please advise if you need anything further.

Sincerely,

Michael Paolucci
Managing Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Select - Town Park, LLC

(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:

400 Techne Center Drive, Suite 320
Milford, Ohio 45150

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.)

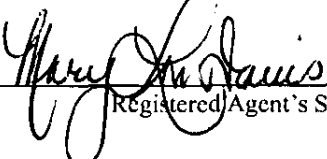
The name and the Florida street address of the registered agent are:

Mary Lou Davis
Name

5770 Hoffner Avenue, Suite 102
Florida street address (P.O. Box NOT acceptable)

Orlando, Florida 32822
City State 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 JUL 14 PM 2:29

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:

Michael Paolucci

400 Techne Center Drive, Suite 320

Milford, Ohio 45150

MGR

Brian Neltner

400 Techne Center Drive, Suite 320

Milford, Ohio 45150

MGR

C. Reynolds Thompson

30 Pine Crest Road

Birmingham, Alabama 35223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

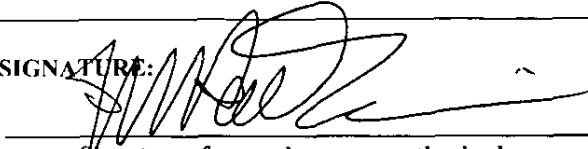
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael Paolucci - Manager/Member

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)

16 SEP -6 PM 2:20

FILED