Office Use Only



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## COVER LETTER

1 O: Registration Section Division of Corporations	
SUBJECT: Juniper Creek Name of Lir	Gardens LLC
	3   1
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Raymond S.	Sullivan Name of Person
Juniper Creek	Gardens Firm/Company
4108 Juniper C	reak Rol.
aincy to	3351 ity/State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information economing this matter, please	
	2
Kaymond Sulliyanat (	rea 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 & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	Licha Ar
Juniper Creek Gard (Must end with the words "Limited Liab	Ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4108 Juniper Creek Rd. Quircy Fl 35351	MIDS Juniper Creek Rd Quincy, FC 32851
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	3. Sullivan
4108 Juniper Florida street address (P.C	Crack Rd.
Quincy City O	FL 3235)_ State 7.
laving been named as registered agent and to accept service of face designated in this certificate, I hereby accept the appointmentar agree to comply with the provisions of all statutes relating the identifications of unposition as region targets. With and accept the obligations of unposition as regions.	ent as register $(x, x_0)$ of and $(x_0)$ is to act in this capacity. If $y$ to the proper $(x_0, x_0)$ solution $(x_0)$ formance of my duties, and $(x_0)$
Registered A	vgen's Signature (REQUIRED)
(CC	ONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person authorized to	o manage and control the Limited Liability Company;	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Roumond S. Sullivan 22 The Sullivan Burry Creek Rd The Sullivan Burry Pt 32861 The State Pt 32861	
ELMB18	Josica Sullivan  Josica	
(Use attachment if necessary)		
the date of filing.)	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other previsions, if any.		
REOUIRED SIGNATURE:	Rellenn	
This document is executed in acco	an authorized representative of a member. ordance with section 605.:203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State s provided for in s.817.155, F.S.	
Jessico_St Typed	or printed name of signee	
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)