

L16000170426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA
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9/13/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2016

TRUMAN G. SCARBOROUGH
239 HARRISON STREET
TITUSVILLE, FL 32780

SUBJECT: ORIGINS SEMINOLE PROPERTIES, L.L.C.
Ref. Number: W16000056342

We have received your document for ORIGINS SEMINOLE PROPERTIES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 116A00017145

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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LAW OFFICES OF
TRUMAN SCARBOROUGH, JR.
239 HARRISON STREET
TITUSVILLE, FLORIDA 32780

(321) 267-4770
FAX (321) 264-6319
TRUMAN@TRUMANSCARBOROUGH.COM

July 27, 2016

Secretary of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

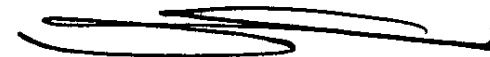
Re: Origins Seminole Properties, L.L.C.

Secretary of State:

Enclosed please find the original and one copy of the Articles of Organization and the Registered Agent Certificate, together with a check, in the amount of \$155.00, to cover the filing fee and certified copy.

Thank you for your assistance.

Very truly yours,



TRUMAN G. SCARBOROUGH

/ae

Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP -7 AM 10:36

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LAW OFFICES OF
TRUMAN SCARBOROUGH, JR.
239 HARRISON STREET
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August 30, 2016

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attn: Tanya L. Henderson, Regulatory Specialist II

Subject: Origins Seminole Properties, LLC
Ref. Number: W16000056342

Enclosed is a copy of your letter of August 15, 2016 together with the Articles of Organization for Origins Seminole Properties, LLC for resubmission in the requested format.

Thank you for your assistance.

Very truly yours,

Sharon Brunker
for Truman Scarborough, Jr.

Enclosures

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Origins Seminole Properties, 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:

381 Maple Court
Oviedo, FL 32765

P.O. Box 852
Oviedo, FL 32762

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:

Bernard O. Blackwood, Jr.

Name

381 Maple Court

Florida street address (P.O. Box **NOT** acceptable)

Oviedo, FL 32765

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..

Bernard O. Blackwood Jr.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

Bernard O. Blackwood, Jr.

381 Maple Court

Oviedo, FL 32765

(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.

REQUIRED SIGNATURE:

Bernard O. Blackwood Jr.

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.

Bernard O. Blackwood, Jr.

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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