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SECRETARY OF STATE

N. SAMS SEP 23 2016

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Community Association Theorems Stou  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:
Terry Lee James Name of Person
CATBL.L.C. Firm/Company
6972 Lake Bloria Blud. Address
Orlando, Florida 32809 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Temes at (407) 497-5289  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy} \text{(additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
6972 Lake Floria Blud. Orlando, Florida	Same
ARTICLE III - Registered Agent, Registered Office, & Registere	ed Agent's Signature:

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

another business entity with an active Florida registration.)

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

Port Orange Florida street address (P.O. Box NOT acceptable)

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..

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Registe ed Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Terry Lee James 4022 5: Peninsula Dr.	_	
AMBR	David Furlow 6972 Lake Blotia Blud Orlando, Florials 32809		
		<del></del>	
(Use attachment if necessary)  ICLE V: Effective date, if other than the of effective date is listed, the date must be ate of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or	- 90 day	ì
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