

L/6000210561

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11/18/16

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 373380 81514A

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : November 17, 2016

ORDER TIME : 9:07 AM

ORDER NO. : 373380-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: GARDEN LAKE ESTATES, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: GARDEN LAKE ESTATES, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 110 Kenyon Ave., Studio 12, Pawtucket, Rhode Island 02861

b: Street Address: 1951 Lake Daisy Road, Winter Haven, Florida 33884

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

Victor J. Troiano

Name

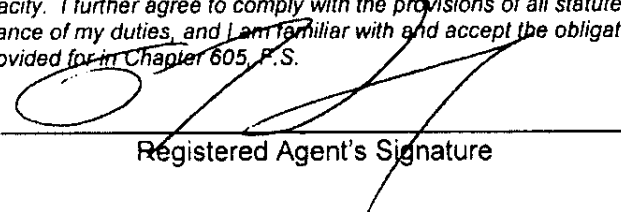
317 South Tennessee Avenue

Florida street address (Post Office Box NOT acceptable)

Lakeland, Florida 33801

City, State and 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

**ARTICLE IV – Management (Check applicable box)**

☒ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☐ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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**ARTICLE V –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Jan-Marie Cassidy  
110 Kenyon Ave., Studio 12  
Pawtucket, RI 02861

AMBR

Lee S. Cassidy  
259 Oakhill Ave.  
Seekonk, MA 02771

**ARTICLE VI:** 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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(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.)

\_\_\_\_\_  
Jan-Marie Cassidy  
Typed or printed name of signee

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