19000236867

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL.
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

J DENNIS SEP 3 0 2019



100334333591

09/17/19--01019--005 ++180.00

TO SEP IT THE IT AS

COVER LETTER

TO:	New Filing Section Division of Corporations			13 SEP 17	PH 1: 23
SHRIE	Tuscan Village Townhomes LL	С			
SUBJE	CT: Name o	of Limited Liabil	ity Company		
The enc	losed Articles of Organization and fee	(s) are submitted	for filing.		
Please re	eturn all correspondence concerning th	is matter to the	following:		
	Ross D. Cohen				
		Name of	Person		_
	Bingham Greenebaum Doll LLP				
		Firm/Co	ompany	 	_
	3500 PNC Tower, 101 South Fifth	h Street			
		Addı	ress		
	Louisville, Kentucky 40202				
	ramiles123@aol.com	City/State ar	ıd Zip Code		
		used for future	annual report notification)		
For furthe	er information concerning this matter,	please call:			
	Ross D. Cohen	502	587-3579		
	Name of Person	at (Area Code	_) Daytime Telephone Nun	nber	
Enclose	d is a check for the following amount:				
] \$125.00	Filing Fee S130.00 Filing Fee Certificate of State	ıs — Certifi	ed Copy al copy is enclosed)	160.00 Filing Fe Certificate of Statt Certified Copy ditional copy is e	ıs &
	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 Circ Tallahassee, FL 32301	ele	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			1. 9
			ia SEP	17 84 1:2
Tuscan Village Town	homes LLC		10	
	ain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
·				
ARTICLE II - Address: The mailing address and street ac	ldress of the principal	office of the Limited I	Liability Company is:	
<u>Princips</u>	al Office Address:		Mailing Address	:
15000 Emerald Coas	t Parkway	20	01 Fallway Visionisville, Ry 4 502-550-6008	ta Drive
St. Maarten 404		<u> </u>	ouisville, EV 4	0245
Destin, Florida 3254	<u> </u>	-	502-550-6008	
The name and the Florida street a	Richard A. Miles	Name ast Parkway, St. Maart		
	riorida street addre	ess (P.O. Box <u>NOT</u> ac	ceptable)	
	Destin	Florida	32541	
	City	State	Zip	
laving been named as registered a lace designated in this certificate, wther agree to comply with the pr m familiar with and accept the ob	I hereby accept the appositions of all statutes	pointment as registered relating to the proper of	d agent and agree to act in th and complete performance o	his capacity. I f my duties, and i

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address: 13 SEF 17 Til 1: 3%
"MGR" = Manager	
MGR	Richard A. Miles
	15000 Emerald Coast Parkway, St. Maarten 404
	Destin, Florida 32541
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not becoment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not be determined by the date inserted in the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the Department of a magnetic date of the Department of	meet the applicable statutory filing requirements, this date will not be list of State's records. The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not be determined by the date inserted in the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the Department of a magnetic date of the Department of	meet the applicable statutory filing requirements, this date will not be list of State's records. The matter of an authorized representative of a member of a mem
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be list of State's records. The member of an authorized representative of a member of a mem

as

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)