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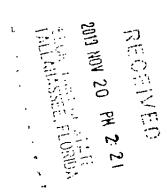
(Red	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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CORPORATE W. ACCESS, _____

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	CK UP:	11/20/2019		
xx	CERTIFIED COPY PHOTOCOPY				
	CUS				
xx	FILING	LLC		 	
	THE CLIFFS AT GLA (CORPORATE NAME AND DOC				
• _	(CORPORATE NAME AND DOC	CUMENT #)			
•	(CORPORATE NAME AND DOC	TUMENT #)			
• _	(CORPORATE NAME AND DOC	CUMENT #)			
•	(CORPORATE NAME AND DOC	CUMENT #)			
_	(CORPORATE NAME AND DOC	CUMENT #)			
PECIAL NSTRUC	ETIONS:				
	_			 	

COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	THE CLIFFS AT GLASSY, LLC	
SUBJECT	T:Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please rett	turn all correspondence concerning this matter to the following:	
	ROBERT P. SALTSMAN	
	Name of Person	_
	ROBERT P. SALTSMAN, P.A.	
	Firm/Company	_
	P.O. BOX 2146	
	Address	
	WINTER PARK. FL 32790	
	City/State and Zip Code JUDY@SALTSMANPA.COM	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	ROBERT P. SALTSMAN, P.A. 407 647-2899	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\ \begin{array}{ c c c c c c c c c c c c c c c c c c c	s &
	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

THE CLIFFS AT		<u>.</u>	
(Must	contain the words "Limited I	Jiability Company, "L	.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and stre	et address of the principal of	Tice of the Limited Li	ability Company is:
<u>Prir</u>	cipal Office Address:		Mailing Address:
408 LILLIAN DRIVE		408 LILLIAN DRIVE	
400 DIDDIAN D	X1 V 1 /	100 1771	51712111127111717
ORLANDO, FL RTICLE III - Registered The Limited Liability Comp	32806 Agent, Registered Office, &	ORLA) & Registered Agent's Registered Agent. You	NDO, Fi. 32806 s Signature:
ORLANDO, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered :	ORI.A) & Registered Agent's Registered Agent. You agent are:	NDO, Fi. 32806 s Signature:
ORLANDO, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with	32806 Agent, Registered Office, & any cannot serve as its own I an active Florida registration	ORI.A) & Registered Agent's Registered Agent. You agent are:	NDO, Fl. 32806
ORLANDO, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered :	ORI.A) & Registered Agent's Registered Agent. You agent are:	NDO, Fi. 32806 s Signature:
ORLANDO, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered active CHARLES B. LOWE	Registered Agent's Registered Agent. You agent are: , JR. Name	NDO, Fi. 32806 s Signature: u must designate an individual
ORLANDO, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered active EHARLES B. LOWE	Registered Agent's Registered Agent. You agent are: , JR. Name	NDO, Fi. 32806 s Signature: u must designate an individual
ORLANDO, FL ARTICLE III - Registered The Limited Liability Comp nother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered active CHARLES B. LOWE	Registered Agent's Registered Agent. You agent are: , JR. Name	NDO, Fi. 32806 s Signature: u must designate an individual

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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А	KT.	C1		IV-

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

Title: "AMBR" · · Authorized Member	Name and Address:
"MGR" = Manager MGR	CHARLES B. LOWE, JR. 408 LILLIAN DRIVE ORLANDO, FL 32806
(Use attachment if necessary)	
he date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in acc	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.

CHARLES B. LOWE, 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)

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