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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PłCK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

	New Filing Sec Division of Co			ده ۱ ۰
eun II.		Condo, LLC		
SUBJEC	·:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	urn all correspo	andence concerning this ma	tter to the following:	
	George E. C	owen, Jr., Esq.		
			Name of Person	
	Law Office	of George E. Owen, Jr.		
			Firm/Company	
	10901 Dank	a Circle North, Suite C.		
			Address	
	St. Petersbu	rg, FL 33716		
	keropper15@	Ci gmail.com, scropper2@aol	ty/State and Zip Code .com	
		E-mail address; (to be used :	for future annual report notifica	tion)
For further	information co	ncerning this matter, please	call:	
	George E. O	wen, Jr. 72		
	Nam	· · · · · · · · · · · · · · · · · · ·	ca Code Daytime Telepho	ne Number
Enclosed	is a check for t	he following amount:		
■\$125.00) Filing Fee		□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address	Street Address Near Piling Section 1	Nivisian

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vera Cruz Condo	. LLC			
	ontain the words "Limited Li	ability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and stree	a address of the principal off	ice of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
208 Laurel Lane		208	Laurel Lane	
Ponte Vedra Beac	Ponte Vedra Beach, FL 32082		Ponte Vedra Beach, FL 32082	
The Limited Liability Compa	Agent, Registered Office, &	Registered Agen		
The Limited Liability Companion ther business entity with a	Agent, Registered Office, &	Registered Ager Registered Agent.	nt's Signature:	
The Limited Liability Companion ther business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration	Registered Ager Registered Agent.	nt's Signature:	
The Limited Liability Companion ther business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration eet address of the registered a George E. Owen, Jr.	Registered Agent.	nt's Signature:	
The Limited Liability Companion ther business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration eet address of the registered a George E. Owen, Jr.	Registered Agent. (a) (b) (c) (d) (e) (e) (e) (e) (e) (e) (e	nt's Signature:	
The Limited Liability Companion ther business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration eet address of the registered a George E. Owen, Jr.	Registered Agent. (Agent are: Name	nt's Signature: You must designate an individual c	
The Limited Liability Companion ther business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration set address of the registered a George E. Owen, Jr. 10901 Danka Circle, S	Registered Agent. (Agent are: Name	nt's Signature: You must designate an individual o	

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 (REQUIRED)

(CONTINUED)

ARTICLE 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 Member	M. Steven Cropper
	208 Laurel Lane
	Ponte Vedra Beach, FL 32082
MGR Member	Karen M. Cropper
	208 Laurel Lane Ponte Vedra Beach, FL 32082
	Ponte, Vedra Beach, PL 32082
	
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	tte of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	
This document is exec I am aware that any fal	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
M. Steven Crop	pper
	Typed or printed name of signee
	Kiling Koos

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)