

Chapter 7 only

L95000001010

PENNINGTON & HABEN, P.A.,
215 SOUTH MONROE ST. SUITE 200
TALLAHASSEE, FLORIDA 32301

VALIDATION ONLY

700001678977
-01/03/96--01077--001
****337.50 ****337.50

ATTN: Marsha

CORPORATION(S) NAME

Velda Oaks Properties, L.C.

- ☐ PROFIT
☐ NON-PROFIT
☐ FOREIGN
☐ LIMITED PARTNERSHIP
☐ REINSTATEMENT
☒ CERTIFIED COPY
☐ WALK IN
- ☐ AMENDMENT
☐ DISSOLUTION
☐ PHOTO COPIES
☐ PICK UP
- ☐ MERGER
☐ MARK
☐ RESERVATION
☐ CERTIFICATE UNDER SEAL
☐ MAIL OUT
☒ CALL
☐ AFTER 4:30

Name
Availability
Document Examiner
Updater
Updater Verifier
Acknowledgment
W.P. Verifier

Contributing
\$200,100

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55 DEC 29 PM 1:03

FILED

B. REGISTERED DEC 29 1995

ARTICLES OF ORGANIZATION
OF

VELDA OAKS PROPERTIES, L.C.

FILED

95 DEC 29 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Velda Oaks Properties, L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The Company shall have perpetual existence. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or in the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to acquire, own, improve, manage, lease, mortgage and sell real property, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of the laws of the State of Florida.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the principal office of the Company is: 6515 Aqueduct Court, Tallahassee, Florida 32308.

Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Matthew M. Cohen, of 6515 Aqueduct Court, Tallahassee, Florida 32308.

6. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have not less than two (2) members (the "Members"). Additional Members may be admitted only on the unanimous written consent of the existing Members.

7. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not thereby be dissolved without the prior written consent of all of the remaining Members of the Company.

8. MANAGEMENT.

The management of the Company shall be reserved to the Members selected to serve as Managers by the Members. In the event of the death or incapacity of a Manager, the remaining Manager(s) shall serve as such until the next meeting of the Members and until a successor (if any is elected) for the deceased or incapacitated Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the

first annual meeting of Members or until their successors are duly elected and qualified are as follows:

1. Matthew M. Cohen
6515 Aqueduct Circle
Tallahassee, Florida 32308
2. Leslie S. Cohen
6515 Aqueduct Circle
Tallahassee, Florida 32308
9. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, on the 29th day of December, 1995.

By: 

MATTHEW M. COHEN, Member

By: 

LESLIE S. COHEN, Member

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 29th day of December, 1995, by MATTHEW M. COHEN, a member of VELDA OAKS PROPERTIES, L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.



Notary Public, State of Florida
SUSAN MARIE GAINES
My Comm. Exp. July 8, 1996
Comm. No. CC 213466

Susan Marie Gaines
NOTARY PUBLIC, State of Florida at Large
Typed, Printed or Stamped Name:

My Commission Expires: July 8, 1996
My Commission Number: CC 213466

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 29th day of December, 1995, by LESLIE S. COHEN, a member of VELDA OAKS PROPERTIES, L.C., a Florida limited liability company, on behalf of the company. She is personally known to me or has produced _____ as identification.



Notary Public, State of Florida
SUSAN MARIE GAINES
My Comm. Exp. July 8, 1996
Comm. No. CC 213466

Susan Marie Gaines
NOTARY PUBLIC, State of Florida at Large
Typed, Printed or Stamped Name:

My Commission Expires: July 8, 1996
My Commission Number: CC 213466

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned who are all of the members of Velda Oaks Properties, L.C. ("Company"), declare that the capital contributions of all the members in the Company are as follows:

1. The Company has two initial members, Matthew M. Cohen and Leslie S. Cohen.

2. The members have made capital contributions in the following amounts:

Matthew M. Cohen - \$50

Leslie S. Cohen - \$50

3. It is anticipated that the members listed below will make capital contributions in the future in the following amounts:

Matthew M. Cohen - \$100,000

Leslie S. Cohen - \$100,000

FURTHER AFFIANT SAYETH NAUGHT.


MATTHEW M. COHEN


LESLIE S. COHEN

Sworn to and subscribed
before me this 29th
day of December, 1995.


NOTARY PUBLIC

My Commission Expires:



Notary Public, State of Florida
SUSAN MARIE GAINES
My Comm. Exp. July 8, 1996
Comm. No CC 213466

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Velda Oaks Properties, L.C.

2. The name and address of the registered agent and office is:

Matthew M. Cohen

(NAME)

6515 Aqueduct Court

(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308

(CITY/STATE/ZIP)

SIGNATURE 

TITLE President

DATE 12/21/85

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE 

DATE 12/21/85

REGISTERED AGENT FILING FEE: \$35.00

FILED
95 DEC 29 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

**APPROVED
AND
FILED**

1996 JUN 10 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
\$ 238.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000001010

VELDA OAKS PROPERTIES, L.C.
6515 AQUEDUCT COURT
TALLAHASSEE FL 32308

1a. Principal Place of Business Address

6515 AQUEDUCT COURT
TALLAHASSEE FL 32308

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

12/29/1995

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3359214

☐ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

☐ Add'l Annual Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

COHEN, MATTHEW M
6515 AQUEDUCT COURT
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COHEN, MATTHEW M	6515 AQUEDUCT COURT	TALLAHASSEE FL
MGRM	COHEN, LESLIE S	6515 AQUEDUCT COURT	TALLAHASSEE FL

250
6/10/96

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Matthew M Cohen

4/25/96

9043862411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #