

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2020495
(Sub Account)

DATE: 11-22

REQUESTOR NAME: LEXIS

ADDRESS: 480003051724--3

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: Arbors at Bayonet Point, LLC

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Worden

☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☒ Call When Ready () Call if Problem
☒ Walk In () Will Wait
☐ Mail Out

RECEIVED
99 NOV 22 AM 10:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
99 NOV 22 PM 3:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11/22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Arbors at Bayonet Point, LLC

ARTICLE II - Address:

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

111 West Michigan Street, Milwaukee, WI 53203

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Lexis Document Services, Inc.
Name
3953 WW Kelley Road
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, FL 32311
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 608, F.S.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Timothy J. Murphy, Assistant Secretary
Typed or printed name of signer

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA