

**CAPITAL CONNECTION INC.**  
 417 E. Virginia Street, Suite 100 Tallahassee, Florida 32302  
 (850) 222-8877 • (800) 222-062 • FAX (850) 222-1222

**L00000005645**

Santa Clarita, LLC

500003255643--0  
 -05/17/00--01043--013  
 \*\*\*\*\*250.00 \*\*\*\*\*125.00

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File *photo*
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 00 MAY 17 PM 12:27  
**FILED**  
*W 5/17*

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 00 MAY 17 AM 10:54  
**RECEIVED**

Signature \_\_\_\_\_

Requested by: *We*      *5/17/00*      *10:21*  
 Name                      Date                      Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR LIMITED LIABILITY COMPANY**

**ARTICLE I -- NAME**

The name of the Limited Liability Company shall be **SANTA CLARITA, LLC** ("Company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company shall be 1690 The Twelfth Fairway, Wellington, Florida 33414.

**ARTICLE III -- REGISTERED OFFICE AND AGENT**

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

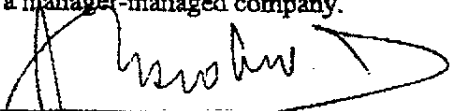
Hilda M. Porro, P.A.,  
12773 W. Forest Hill Blvd., Suite 1201  
Wellington, Florida 33414.

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..

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV -- MANAGEMENT**

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

  
\_\_\_\_\_  
**FRANCISCO ESCOBAR, 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.)

**FILED**  
00 MAY 17 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA