

L03 0000 31080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

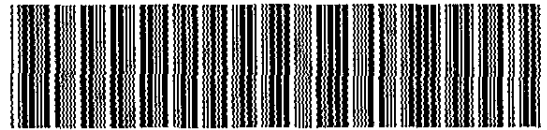
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

0/20
just



600022213436

08/19/03--01005--015 **160.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 AUG 18 PM 12: 21

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON TOWN REALTY LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN M ALEXANDROU
(Name of Person)

(Firm/Company)

13118 LIBERTY SQUARE DRIVE
(Address)

ORLANDO FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN ALEXANDROU at (407) 737-6878
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

03 AUG 18 PM 12:21
FILED
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
AVALON TOWN REALTY LLC

ARTICLE II - Address:

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

Principal Office Address:

13118 LIBERTY SQUARE DRIVE
ORLANDO FL 32828

Mailing Address:

SAME AS ABOVE

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

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

JOHN ALEXANDROU
Name
13118 LIBERTY SQUARE DRIVE
Florida street address (P.O. Box **NOT** acceptable)
ORLANDO FL 32828
City, State, and Zip

03 AUG 18 PM 12:21
FILED
TALLAHASSEE, FLORIDA

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOHN M ALEXANDROU

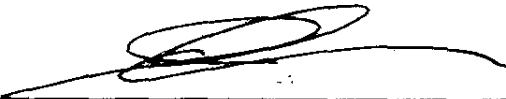
13118 LIBERTY SQUARE DRIVE
ORLANDO FL 32828

JOHN M ALEXANDROU

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

JOHN M ALEXANDROU

Typed or printed name of signee

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)

SECRETARY OF
TALLAHASSEE FLORIDA

03 AUG 18 PM 12:21

FILED