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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Special Instructions to Filing, Officer:		
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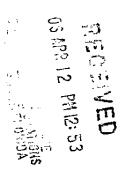


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SECRETARY OF STATE

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ACCOUNT NO. : 072100000032	
REFERENCE: 980494 7529995	誤意.
AUTHORIZATION :	强为
COST LIMIT : \$ PPD	2006 APR 12 PM 2: 41 SECRETARY OF STATE SECRETARY OF STATE
ORDER DATE : April 12, 2006	部門
ORDER TIME: 10:24 AM	DM -
ORDER NO. : 980494-005	
CUSTOMER NO: 7529995	
DOMESTIC_FILING	
NAME: C.Z. WOMAN RANCH, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION	
CERTIFICATE OF LIMITED PARTNERSHIP	
XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY	
PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Jeanine Reynolds - EXT. 2933	
EXAMINER'S INITIALS:	·

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
C. Z. Waman Ran	nch, LLC
(Must and with the words "Limited Liability Company, "Limited	Company of their suprevision Treff of profes
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
101 Century 21 Drive	Post Office Box 11508
Suite 104A	Jacksonville, FL 3aa39777
Jacksonville, FL 32239	
ARTICLE III - Registered Agent, Registered (The Limited Lichilly Company seemed serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature -
The name and the Florida street address of the re	gistered agent are:
	F. Luther
Name	
101 Century 21 Driv	re Suite 104A ess (P.O. Box NOT acceptable)
Tacksonville	

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 (REOLARED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Jacksonville, FL 32239 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 96 days after the date of fixing.) REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a suggester.

(in presentance with section 508.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Coxter E. Luther Typed or printed name of signes

Filling Fees;

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

₱[©] 4 or 10 in the con-

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

Page 2 of 2