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SECRETARY OF STATE TALLAHASSEE, FLORIOZ

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COVER LETTER

SUBJECT:	19	Beaver Pond LLC	
	Name of Lin	nited Liability Company	
The enclosed Articl	es of Organization and fee(s) ar	e submitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	F	Richard J Persek	
		Name of Person	
	Classi	c Developments, Inc.	
		. Firm/Company	ALC: SCIENT
	826	1 Dominica Place	FEB AH/
		Address	-8 SSE
	We	llington, FL 33414	변호 가
		City/State and Zip Code	IOFEB -8 PH 1: 56
<u> </u>	rpersek@	classicdevelopments.com	56 10,
		for future annual report notification)	
For further informat	ion concerning this matter, plea	se call:	
	chard Persek	at (561)632-44	
Na	me of Person	Area Code & Daytime Telephone No	umber
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fo	e \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
- ,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

()4	19 Beaver	Pond LLC	(2.12)	
(Must	end with the words "Limited I	Liability Company," "L.L.C.," or "LL	.C.)	
ARTICLE II - Add The mailing address		ne principal office of the Lim	nited Liability Company	/ is:
Principal Office Address: Classic Developments Inc. 8261 Dominica Place Wellington, FL 33414 ARTICLE III - Registered Agent, Register		Mailing Address:		
		Classic Developmer 8261 Dominica Plac Wellington, FL 3341	FEB -8	
(The Limited Liability Con- business entity with an act	npany cannot serve as its own I Live Florida registration.)	Registered Agent. You must designate the registered agent are:	an individual 硬 anothed 1:56	ED
		nor, CPA LLC	ا ک	
_		ame		
_		Worth Rd #201	-	
		(P.O. Box <u>NOT</u> acceptable)		
· <u>-</u>	Lake Worth FL 334 City, Sta	ate, and Zip		
liability company registered agent and	at the place designated agree to act in this cap	l to accept service of process l in this certificate, I hereby a acity. I further agree to comp te performance of my duties, c	ccept the appointment as ply with the provisions of	s f all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.. Doshar CPALLC

Sardu dashar Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

		Name and Address:	
"MGR" = Mana "MGRM" = Ma			
MOMVI — IVIA	laging Member	•	
MGR		Richard J Persek	
		8261 Dominica PI	
		Wellington, FL 33414	
MGRM		Elaine Persek	
		8261 Dominica Place	=======================================
		Wellington, FL 33414	FX 6
		**************************************	A CONTRACTOR
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		<u> </u>	(c) =
			1 6
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(Use attachment	•		<u></u>
LE V: Effective	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document considerations.	e date of filing: 2/12/2010 . (Older specific and cannot be more than five busing the specific and cannot be speci	PTIONA
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LE V: Effective ffective date is list days after the d	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitution that the facts stated here	e date of filing: 2/12/2010 . (O) be specific and cannot be more than five busing the specific and cannot be speci	PTIONA
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\$ 5.00 Certificate of Status (Optional)