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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

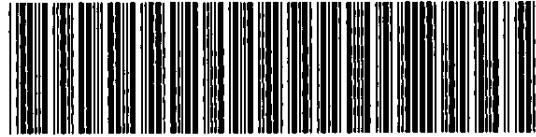
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1. 3623 SW natura, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

3623 SW NATURA, LLC

**ARTICLE II: ADDRESS**

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

3109 Nestling Pine Court  
Ellicott City, Maryland 21042

**ARTICLE III: PURPOSE**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

Grant W. Kehres  
2000 Glades Road, Suite 302  
Boca Raton, Florida 33431

*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 property 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

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**ARTICLE V - MANAGEMENT:**

The Limited Liability Company is to be managed by its managers and is, therefore, a manager - managed company. The name and address of the managers are:


Title: Manager  
Ken Schaffer  
3109 Nestling Pine Court  
Ellicott City, Maryland 21042

Manager  
Beatrice Schaffer  
23371 Blue Water Circle, Apt. C-223  
Boca Raton, Florida 33433

**ARTICLE VI - EFFECTIVE DATE:**

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

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

KEN SCHAFFER, authorized representative a Member  
Typed or printed name of signee.

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