

10/22/98

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)410-1015

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: LAKELAND TRACT DEVELOPMENT, LLC

AUDIT NUMBER.....H98000019677

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....0

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 22, 1998

EMPIRE CORPORATE KIT COMPANY

SUBJECT: LAKELAND TRACT DEVELOPMENT, LLC
REF: W98000024060

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

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Tammi Cline
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAFELAND TRACT DEVELOPMENT, LLC

ARTICLE II - Address:

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

19673 BLACK OLIVE ROAD
BOCA RATON, FLORIDA 33498

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

20 years

ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Robert Angelillo
1065 rt 22 west
Bridgewater NJ

Bruce Baldinger
1065 rt 22 w.
Bridgewater N.J

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

[Handwritten signature]

Prepared By:

BALDINGER & LEVINE, L.L.C.
1065 Route #22 West - Suite #101
Bridgewater, NJ 08807
Tel:(908) 218-0060/Fax:(908) 707-4509

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ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

By Unanimous vote

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

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NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

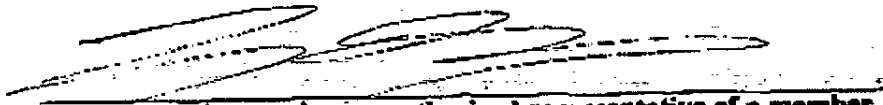
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
LAKELAND TRACT DEVELOPMENT, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200.-
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ ---
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ ---
- 5) the total amounts of 2, 3 and 4 is \$ 200.-



Signature of a member or 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.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LAKE MARY TRACT DEVELOPMENT, LLC

2. The name and address of the registered agent and office is:

~~Bruce Baldino~~ Robert Angelillo
(NAME)

19673 BLACK OLIVE ROAD
(P. O. Box NOT ACCEPTABLE)

BOCA RATON, FLORIDA 33498
(CITY/STATE/ZIP)

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.

Robert Angelillo
(SIGNATURE)

(DATE)

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