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ACCOUNT NO. : 072100000032

REFERENCE: 515586 740702

AUTHORIZATION: atricia with

COST LIMIT : \$ 155.00

ORDER DATE: March 23, 2004

ORDER TIME : 11:17 AM

ORDER NO. : 515586-015

CUSTOMER NO: 7407027

CUSTOMER: Ms. Charlotte Barone

Saxon Gilmore Carraway Gibbons Lash & Wilcox, P.a.

Suite 600

201 E. Kennedy Boulevard

Tampa, FL 33602

DOMESTIC FILING

NAME:

LAKESIDE VILLAGE DEVELOPMENT,

LLC

NUMBER OF THEODRODATION

EFFECTIVE DATE:

CE	ERTIFICATE OF LIMITED PARTNERSHIP RTICLES OF ORGANIZATION
PLEASE RE	ETURN THE FOLLOWING AS PROOF OF FILING:
I	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT H	PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AHASSE ELASSE	OLLER 24 OF STATE	EL ED
	S.	

ARTIC	ÆI-	· Name	:
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The name of the Limited Liability Company is:

LAKESIDE VILLAGE DEVELOPMENT, LLC

ARTICLE II - Address:

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

Principal Office Ad	dress:	Mailing Address:
118 Cedar Street		118 Cedar Street
Daytona Beach, FL 32	114	Daytona Beach, FL 32114
	istered Agent, Registered (orida street address of the reg	Office, & Registered Agent's Signature: gistered agent are:
E	ernice S. Saxon, Esquire	
_	Name	
2	01 E. Kennedy Boulevard, Suit	e 600
_	Florida street address (P.O.)	Box NOT acceptable)

Tampa, FLORIDA 33602

City, State, and 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 as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	DAYTONA BEACH HOUGING DEVELOPERS, INC		
	118 Cedar Street		
	Daytona Beach,FL 32114		
(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.)			

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)

Typed or printed name of signee