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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIO

B. KOHR

JAN 0 2 2008

EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Ho

	•
20 Wentworth Reacty	PECRETA
	SK. C. S.
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement  Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search
Requested by: Date Time	Fictitious Owner Search  Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search
— WIT	UCC 11 Retrieval

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

20 Wentworth Realty, LLC

SALESSEE ALS (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,");

#### ARTICLE II - Address:

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

#### Principal Office Address:

20 Wentworth Street

Englewood, FL 34223

#### Mailing Address:

5651 NW 38 Terrace

33073

Coconut Creek, FL 33073

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agont. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert J. Dollar Name 5651 NW 38 Terrace Florida street address (P.O. Box NOT acceptable)

Coconut Creek

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 affent as provided for in Chapter \$08, FISA

Registered Agent's Signature (REQUIRED)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Claudia Davenport 9055 S Tamiami Trail, Unit #57 Venice, FL 34293 MCRM Robert J. Dollar 5651 NW 38 Terrace Coconut Creek, FL 33073 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 2, 2008 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) Robert J. Dollar Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)