

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8111 • (850) 342-8112 • Fax (850) 224-1222

L00000003615

Residor, LLC

100003189831--4
-03/30/00--01042--020
****160.00 ****160.00

L00-3615
Ch 3-30
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Signature _____

Requested by: LS 3/30/00 9:38
Name Date Time

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File	FILED 00 MAR 30 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____ LTD Partnership File	
_____ Foreign Corp. File	
✓ _____ L.C. File	
_____ Fictitious Name File	
_____ Trade/Service Mark	RECEIVED 00 MAR 30 AM 10:29 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
_____ 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	
_____ Corp Record Search	
_____ Officer Search	
_____ Fictitious Search	
_____ Fictitious Owner Search	
_____ Vehicle Search	
_____ Driving Record	
_____ UCC 1 or 3 File	
_____ UCC 11 Search	
_____ UCC 11 Retrieval	
_____ Courier	

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESIDEV, LLC

ARTICLE II - Address:

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

997 W. Kennedy Blvd Suite A25
Orlando, Florida 32810

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

Patricia LaVelle

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

Patricia LaVelle

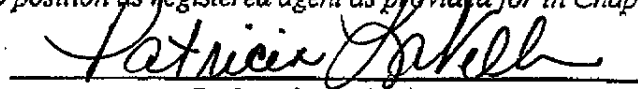
Name
997 W. Kennedy Blvd A25

Florida street address (P.O. Box NOT acceptable)
Orlando FL 32810

City, State, and Zip

FILED
00 MAR 30 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

PATRICIA LAVELLE

Typed or printed name of signee

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)