



ACCOUNT NO. : 072100000032

REFERENCE : 663185 87623A

AUTHORIZATION :

COST LIMIT : \$ ~~155.00~~ PPD

FILED
00 APR 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 14, 2000

ORDER TIME : 11:53 AM

ORDER NO. : 663185-005

700003209507--0
-04/14/00--01066--009
****155.00 ****155.00

CUSTOMER NO: 87623A

CUSTOMER: Ms. Donna Dempsey
MCCARTHY SUMMERS BOBKO MCKEY
MCCARTHY SUMMERS BOBKO MCKEY
Suite 2-a
2081 E. Ocean Boulevard
Stuart, FL 34996

DOMESTIC FILING

NAME: LUCIDO/ORLANDO, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

200-4324
APR 14 2000
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

RECEIVED
00 APR 14 PM 2:27
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
Lucido/Orlando, L.L.C.**

**ARTICLE I
Name**

The name of the Limited Liability Company is:

Lucido/Orlando, L.L.C.

**ARTICLE II
Address**

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

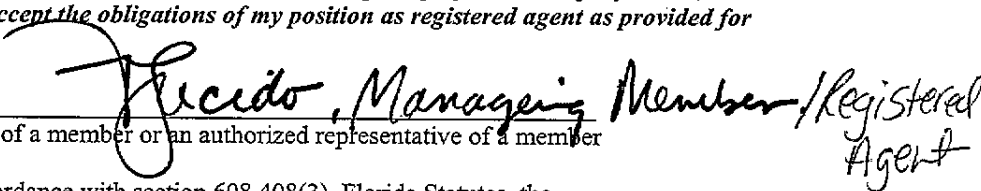
322 Georgia Avenue
Stuart, Florida 34994

**ARTICLE III
Registered Agent**

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

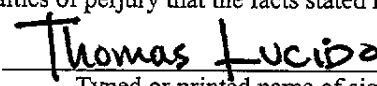
Thomas Lucido
322 Georgia Avenue
Stuart, Florida 34994

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..



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.)



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)**

FILED
00 APR 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA