Requester's Name TO POX ZOBS TO BOX Address TO SOLV AD)-3 3 #		SEGRETARY OF STATE DIVISION OF CORPORATIO
CORPORATION NAME (C) A POC		Office Use Only	5
1. TIGAM VILLAGE TL, L (Corporation Name)	UMENT NUMBER(S) (Document #		MJH
(Corporation Name) 3. (Corporation Name)	(Document #	-07/10/0001 ****160.00	U72U14
4(Corporation Name)	(Document #		
Walk in Pick up time Mail out Will wait	Photocopy	Certified Copy Certificate of State	us
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation o Change of Re Dissolution/W Merger REGISTRATION	of R.A., Officer/Discortion of	
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partn Reinstatement Trademark Other		
CR2E031(7/97)		Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: TUSCANY VILLAGE III LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa 235 OCALA ROAD SOUTH TALL, FL 32304 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:	01 JUL 00	BINISION OF CO
STEVEN M. LEONI 235 OCALA ROAD SOUTH Florida street address (P.O. Box NOT acceptable) TALIAHASSEE, FL 32304 City, State, and Zip	PH 1: 07	OF STATE RPONATIONS
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature	as ons of a i and	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers at therefore, a manager - managed company.	nd is,	

(An additional article must be added 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.)

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)