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Victor E. Castellanos
10069 Cove Lake Drive
Orlando, Florida 32836
Office telephone 407-649-8411 *DAY*
Home telephone 407-363-0939

February 11, 2001

Registration Section
Division of Corporations
P.O. BOX 6327 New Account Department
Tallahassee, FL 32314
(850) 487-6051

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-02/16/01-01073--002

****480.00 ****160.00

Dear Representative,

As stated in your article of organization, I am enclosing complete and executed forms along with my name, address and daytime telephone number - see above. And a check in the amount of \$ 480.00 for the filing fees.

Please confirm acceptance of my request in writing or by telephone. Should you have any questions feel free to call me.

Sincerely,


Victor E. Castellanos

W2
2/19
FILED
01 FEB 16 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Zp
EFFECTIVE DATE

03/01/01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CASA DE MARIDA, LLC

ARTICLE II - Address:

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

P.O. BOX 617377
ORLANDO FL 32861-7377

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

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

Victor Castellanos
Name
10069 COVE LAKE DRIVE
Florida street address (P.O. Box **NOT** acceptable)
ORLANDO FL 32836
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, F.S..

[Signature]
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]
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.)

VICTOR CASTELLANOS

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)

EFFECTIVE DATE
03/01/01

01 FEB 16 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

* 15 MINUTE
REQUESTED
March 1, 2001