

TO WHOM ARTICLES OF ORGANIZATION
RE:
L010000007083

FOR: MICHAEL MCALLISTER
9845 HYACINTH CIRCLE SW.
PALM BEACH GARDENS, FL
33410

DAY (561) 622-3942
cell (561) 762-2578
or (561) 906-0697

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***125.00 ***125.00

MICHAEL S. MC ALLISTER 07/98 9845 HYACINTH CIRCLE SW PALM BEACH GARDENS, FL 33410		0446
PAY TO THE ORDER OF <u>Florida Dept of State</u>		63-8735/2670 BRANCH 4
<u>One hundred twenty five Dollars</u>		\$ <u>125.00</u>
FOR <u>Art of Org.</u>		Security Features Details on Back
FIDELITY FEDERAL BANK & TRUST		<u>Michael S. McAllister</u> MP
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TALLAHASSEE FLORIDA
SECRETARY OF STATE

ms/y

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OLD TOWN RENOVATIONS L.L.C.

ARTICLE II - Address:

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

9845 HYACINTH CIRCLE So.
P.B.G., FL. 33410

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

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

MICHAEL SHERMAN McALLISTER
Name
9845 HYACINTH CIRCLE So.
Florida street address (P.O. Box NOT acceptable)
P.B.G. FL 33410
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.

Michael S. McAllister
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.)

LEO E. CERBONE

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)

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