

L020000002326

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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-01/24/02--01025--001  
\*\*\*480.00 \*\*\*160.00

SUBJECT: ST. JOHNS COMMERCIAL RENTALS, LLC  
(ST. JOHNS HOMESTEAD PROPERTY, LLC )  
LITTLE FALLS HOLDINGS, LLC

Enclosed IS an original and one (1) copy of the articles of incorporation and a check for \$480.00. \$160 for each LLC

FROM: Charles T. Stevens  
2744 US 1 SOUTH  
ST. AUGUSTINE, FL 32086  
(904) 797-9520

W/1/31  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 24 AM 10:13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: ST. JOHNS HOMESTEAD PROPERTY, LLC

**ARTICLE II - Address:**

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

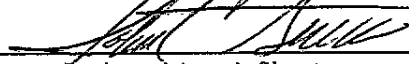
3500 RED CLOUD TRAIL, ST. AUGUSTINE, FLORIDA {32086}

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

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

JOHN STEVENS  
Name  
3500 RED CLOUD TRAIL  
Florida street address (P.O. Box **NOT** acceptable)  
ST. AUGUSTINE FL 32086  
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.*

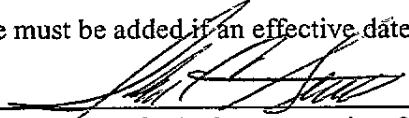
  
Registered Agent's Signature

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**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)

 Authorized Rep  
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.)

JOHN STEVENS

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)