L020000 11469

Form .

TRANSMITTAL LETTER

ROM:

PETER FOWLER

Name (Printed or typed)

2150 BURLEY AVE.

Address

CLERMONT, FL 34711

City, State & Zip

(352)- 243-7450

Daytime Telephone number

9134

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Comp	any is: VIEW SCAPE L.L.C.
PO BOX 120628 CLERMONT, FL 34712-062	f the principal office of the Limited Liability Company is: 2150 Burley Ave. CLERMONT, FL 34711 istered Office, & Registered Agent's Signature:
The name and the Florida street address of	of the registered agent are:
Per	Name
213	50 BURLEY AVE.
Florida stree	t address (P.O. Box <u>NOT</u> acceptable)
CLE	City, State, and Zip
	City, State, and Zip
statutes relating to the proper and compl	capacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S. Publication Registered Agent's Signature
Article IV - Management (Check box The Limited Liability Company is therefore, a manager - managed co	to be managed by one manager or more managers and is,
(An additional article m	nust be added if an effective date is requested)
Signature of a membe	r or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)
Pete Ty	R FOWLER ped 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)