INNOVATIVE CONCEPT HOMES, Name 1515 UNIVERSITY DRIVE #206 Florida street address (P.O. Box NOT acceptab CORAL SPRINGS, FL 33071 City, State, and Zip	le)	FILED 2002 MAY 21 PM 2:48 DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (ii	Office Use Only f known):
1(Corporation Name) 2.	(Document #)	200005348702- -04/25/02010610 ****100.00 ****10
(Corporation Name)	(Document #)	200005348702 -05/09/0201053001 *****25.00 *****25.
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #)	Certified Copy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R Change of Regist Dissolution/With Merger	.A., Officer/Director ered Agent drawal
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/Q         Foreign         Limited Partnersl         Reinstatement         Trademark	

J. BRYAN MAY 2 2 2002



FILED 2002 MAY 21 PM 2:48 JUY, SICH OF CORPORATIONS FALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2002

WINSTON GRAHAM 1515 UNIVERSITY DR. #206 CORAL SPRINGS, FL 33071

SUBJECT: INNOVATIVE CONCEPT HOMES, LLC Ref. Number: W02000014122

We have received your document for INNOVATIVE CONCEPT HOMES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$100.00.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 402A00031167



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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 30, 2002

WINSTON GRAHAM 1515 UNIVERSITY DR., #206 CORAL SPRINGS, FL 33071

SUBJECT: INNOVATIVE CONCEPT HOMES, LLC Ref. Number: W02000012262

We have received your document for INNOVATIVE CONCEPT HOMES, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Article I & Article II of the form must be completed.,

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 602A00026474

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: INNOVATIVE CONCEPT HOMES, LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1515 N University Dr. #206 Coral Springs, FL 33071

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



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

## 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 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.)

WINSTON GRAHAM

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)