

LO2000015484

STANEN LYNN
 Requestor's Name
 P.O. BOX 7535
 Address
 TALL FL 32304 580-3131
 City/State/Zip Phone #

MJH
 W02-17674
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- VILLA SAN CARLO, LLC
 (Corporation Name) (Document #)
- (Corporation Name) (Document #)
- 00789-00611-00623-00671
 (Corporation Name) (Document #)
- (Corporation Name) (Document #)

02 JUN 20 PM 1:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

02 JUN 18 PM 1:20
 RECEIVED
 DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

100005819331-8
 -06/18/02--01052--024
 ***130.00 ***130.00

*Call when Ready
 580-3131*

Examiner's Initials	
---------------------	--



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 18, 2002

STEVEN LEONI

TALLAHASSEE, FL

SUBJECT: VILLA SAN CARLO, LLC
Ref. Number: W02000017674

We have received your document for VILLA SAN CARLO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 602A00039567

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VILLA SAN CARLO, LLC

ARTICLE II - Address:

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

P.O. BOX 2535

TALLAHASSEE, FL 32316-2535

235 SOUTH OCALA RD.

TALLAHASSEE, FL 32304

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

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

STEVEN M. LEONE

Name

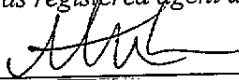
235 SOUTH OCALA ROAD

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32304

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.

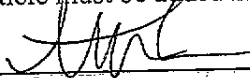


Registered Agent's Signature

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.)

STEVEN M. LEONE

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 JUN 20 PM 1:38

FILED