

L02000034876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2002 DEC 23 AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 27 2002

SIDNEY M. NOWELL, P.A.  
ATTORNEY AT LAW  
300 N. STATE STREET  
P.O. BOX 819  
BUNNELL, FL 32110

PHONE: 386-437-1668

FAX: 386-586-4014

December 18, 2002

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2002 DEC 23 AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

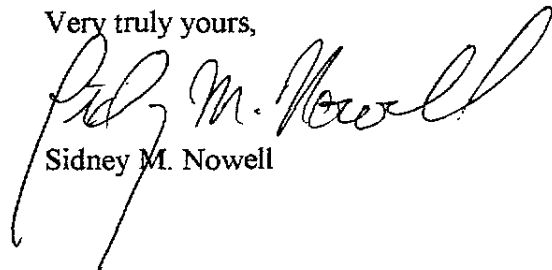
**Re: Top Flight Homes, LLC**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles or Organization in connection with the above-referenced Limited Liability Company. Also enclosed is our check in the amount of \$125.00 representing the filing fee and designation of Registered Agent.

Thank you for your assistance in this matter. If you have any questions or require additional information, please do not hesitate to give me a call.

Very truly yours,

  
Sidney M. Nowell

SMN/pgr  
Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Top Flight Homes, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
P.O. Box 351585; 33 Cherrytree Court  
Palm Coast, FL 32135

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

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

Sidney M. Nowell, P.A.

Name

300 N. State Street

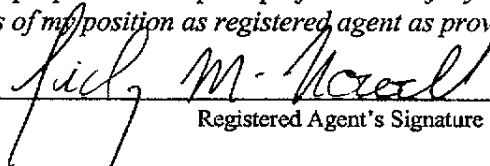
Florida street address (P.O. Box **NOT** acceptable)

Bunnell, FL 32110

FL

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

(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.)

William Day

Typed or printed name of signer

### 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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