## 10300001744

STEUCN M. LEONI (Requestor's Name)
P.O. Box 2535 (Address)
(Address)
, 020-380-3131
TALLA HASSEE, FL 30316 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
VILLA DEL LAGO, LCC (Business Entity Name)
(Dusiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1
}

Office Use Only



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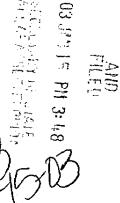
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## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 10, 2003

STEVEN M. LEONI PO BOX 2535 TALLAHASSEE, FL 32316

SUBJECT: VILLA DEL LAGO, LLC Ref. Number: W03000000860

We have received your document for VILLA DEL LAGO, 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): \_

Please complete Article I and II.

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.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 303A00001397

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TYPE FREE L	
ARTICLE I - Name:	1	
The name of the Limited Liability Company is:		
VILLA DEL LAGO, LLC.		
ARTICLE II - Address:	1	
The mailing address and street address of the principal office of the Limited Liability Confiner Policy 2535 Street: 235 S. DCALA ROAD  TAUAHASSEL FL 3236-2535 TAUAHASSEL, FL 32304  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature		
The name and the Florida street address of the registered agent are:	:	
STEVAN M. LEONI	1	,
Florida street address (P.O. Box NOT acceptable)	1	
City, State, and Zip	ı	
registered agent and agree to act in this capacity. I further agree to comply with the prov statutes relating to the proper and complete performance of my duties, and I am familiar to accept the obligations of my position as registered agent as provided for in Chapter 608, I	with and	
Registered Agent's Signature	ı	
(An additional article must be added if an effective date is requested)	4	
Signature of a member or an authorized representative of a member.	FA B	
(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.)	CHE WILL	<del>- 17</del>
Typed or printed name of signee	5 PM 3	
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)	3: 48 STATE LORIDA	-