1 630000025513

03 JUL 7 AN IO-ES

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

ALLAHASSEE, FLORIDA



600020773986

07/07/03--01048--021 **155.00

AL

LEFKOWITZ, BLOOM & SHAW, P.A.

ATTORNEYS AND COUNSELORS AT LAWELLED

IVAN M. LEFKOWITZ* GWEN D. BLOOM+ THOMAS C. SHAW 430 NORTH MILLS AVENUE ORLANDO, FLORIDA 32803 JUL -7 AM IO TELEPHONE (407) 425-1974 ORLANDO, FLORIDA 32803 JUL -7 AM IO TELEPHONE (407) 425-1981 WEBSITE: ORLANDOLAW.ORG

TALLAHASSEE, FLORIDA

- * BOARD CERTIFIED IN TAXATION AND MASTER OF LAWS IN ESTATE PLANNING
- + ALSO ADMITTED IN MASSACHUSETTS

July 2, 2003

Attn: Corporations Division Secretary of State Bureau of Corporate Records Post Office Box 6327 Tallahassee, Florida 32314

> Re: Al Baja Properties, L.L.C. Effective Date: Date of Filing

Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Articles of Organization of the above proposed Limited Liability Company. The duplicate copy has been subscribed and acknowledged by the subscriber in the same manner as the original. Please endorse your approval of the Articles of Organization on the duplicate copy, and return a certified copy to this office.

A check is also enclosed in the total amount of \$155.00 to cover the \$100.00 filing fee, the \$30.00 fee for the certified copy, and the \$25.00 fee for designation of registered agent.

Yours verk

Ivan M. Lefkowitz

IML:glg Enclosures

cc: Michelle Humphrey, Manager

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

03 JUL -7 AM 10: 53

AL BAJA PROPERTIES, L.L.C.

THE THE AND GENTATE SALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

1860 Ashland Trail, Oviedo, Florida 32765

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

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

Ivan M. Lefkowitz
Name
430 North Mills Avenue
Florida street address (P.O. Box NOT acceptable)
Orlando, Florida 32803
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)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Effective Date

The Limited Liability Company shall have an effective date of:

Date of Filing

Signature of a member of 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.)

MICHELLE ANNEHUMPHREY
Typed or printed name of signee