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W03-21465



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG 15 AM 10:48

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA BELLA DONNA PRODUCTS
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE S. ROE, JR
(Name of Person)

IDEAL MOBILE HOME PARK
(Firm/Company)

5355 NEW KINGS RD.
(Address)

JACKSONVILLE, FL. 32209
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE S. ROE, JR. at (904) 768-6382
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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03 AUG 15 AM 10:48
SECRETARY'S
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2003

GEORGE S. ROE JR
5355 NEW KINGS RD.
JACKSONVILLE, FL 32209

SUBJECT: LA BELLA DONNA PRODUCTS
Ref. Number: W03000021465

03 AUG 15 AM 10:48
FILED
TALLAHASSEE, FLORIDA

We have received your document for LA BELLA DONNA PRODUCTS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreements aren't file with this office. Please fill out the enclosed document to complete your application. The operating Agreements are keep for your records.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 803A00044178

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: LA BELLA DONNA PRODUCTS, *LLC*

ARTICLE II - Address:

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

Principal Office Address:

5367 NEW KINGS RD.
JACKSONVILLE, FL 32209

Mailing Address:

5355 NEW KINGS RD.
JACKSONVILLE, FL 32209

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

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

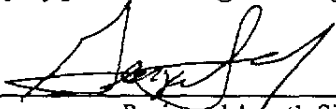
GEORGE S. ROE, JR.
Name

5355 NEW KINGS RD.
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FL 32209
City, State, and Zip

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03 AUG 15 AM 10:48
TALLAHASSEE, FLORIDA

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GEORGE S. ROE, JR.
5355 NEW KINGS RD.
JACKSONVILLE, FL. 32209-2752

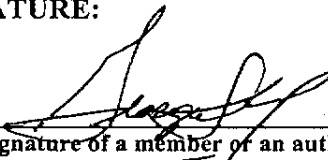
MGRM

MAE W. ROE
5355 NEW KINGS RD.
JACKSONVILLE, FL. 32209-2752

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

GEORGE S. ROE, JR.

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)

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TALLAHASSEE, FLORIDA