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J. BRYAN SEP 1 5 2000



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	 	
SUBJECT: PENINSULAR HILLCREST, L	LC	
(Name of Limited	Liability Company)	_
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	matter to the following:	
BRAD HITE	;	 2
(Name of Person)	······································	MOSES LECTIONS
PENINSULAR ENGINEERING		THE SECOND OF THE PARTY OF THE
(Firm/Company)		1.30
204 E. TERRACE DR.		OF S
(Address)		
PLANT CITY, FL 33563		
(City/State and Zip Code)		
For further information concerning this matter, p	olease call:	
BRAD HITEat	(81 3754-7916	_
(Name of Person)	(Area Code & Daytime Telephone Number)	-
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassec, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: PENINSULAR HILLCREST, LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	-	Mailing Address:
204 E. TERRACE DR.		204 E. TERRACE DR.
PLANT CITY, FL 33563	<u>=</u>	PLANT CITY, FL 33563
	-	
ARTICLE III - Registered Agent, Register	ed Offic	e, & Registered Agent's Signature:
·		
The name and the Florida street address of the	e register	red agent are:
BRAD HITE		
Nar	ne	
204 E. TERRACE DR		
Florida street address (P.O. Box N	NOT acceptable)
PLANT CITY, FL 335	63 =	-

PLANT CITY, FL 33563 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..

(CONTINUED)

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

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

The hame and address of each Manager	of Managing Method is as follows.
Title:	Name and Address:
"MGR" = Manager	=
"MGRM" = Managing Member	~ ~~
MGR	BRAD HITE
	310 INNER HARBOUR CR.
	TAMPA, FL 33602
MGR	RICHARD SACCHI
	1001 S. ROME AVE. #2
	1001 S. ROME AVE. #2 TAMPA, FL 33606
	The state of the s
	
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
	A

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.)

BRAD HITE

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)