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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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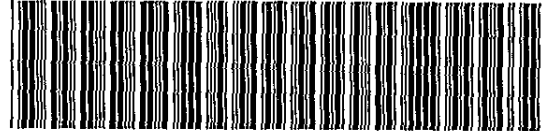
(Business Entity Name)

(Document Number)

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LB3-37832  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Neighborhood Ventures L.L.C.  
(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:

Margaret Donnelly  
(Name of Person)

Neighborhood ventures L.L.C.  
(Firm/Company)

4320 N.E. 15th Ave  
(Address)

Oakland Park, Fl 33334  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas Dorrie at ( 954 ) 478-6286  
(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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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Neighborhood Ventures L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

4320 N.E. 15th Ave. Oakland Park, FL 33334

#### Mailing Address:

4320 N.E. 15th Ave. Oakland Park, FL 33334

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

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

Margaret Donnelly

Name

4320 N.E. 15th Ave.

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

Oakland Park FL 33334

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

Margaret Donnelly

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

<u>MGRM</u>	<u>Margaret Donnelly</u> <u>4320 N.E. 15th Ave.</u> <u>Oakland Park, Fl 33334</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u>MGRM</u>	<u>Michael L. Donnelly</u> <u>4010 Galt Ocean Drive Apt.#908</u> <u>Fort Lauderdale, LF 33308</u>
<u> </u>	<u> </u>
<u>MGRM</u>	<u>Douglas Dorrie</u> <u>4320 N.E. 15th Ave.</u> <u>OAKLAND PARK, Fl 33334</u>

(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.)

Michael L. Donnelly  
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)

Attached: 1 page: Agreement Terms

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## Neighborhood Ventures L.L.C.

### Terms of Agreement

Partners are:

Michael L. Donnelly 50%  
Margaret Donnelly 25%  
Douglas Dorrie 25%  
(Margaret Donnelly and Douglas Dorrie act as one unit of 50%)

### Signatures required:

Purchases over \$20,000 requires two signatures; one from Michael L. Donnelly and one from either Margaret Donnelly or Douglas Dorrie

Purchase under \$20,000 and over \$1,000 requires the signature of one of the three partners.

### Profits and Losses

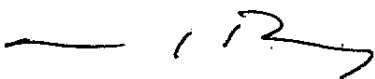
Profit will be distributed according to partner share, i.e.; 50% to Michael L. Donnelly, 25% to Margaret Donnelly and 25% to Douglas Dorrie, unless the partners agree to reinvest the profits.

In the event of a loss, all lenders that are not partners will be paid first. Then, the lenders who are also partners would share in equal loss, paying off the greater share of the outstanding loans until the amount of the loss that cannot be repaid is equal to all partners and their share (Margaret Donnelly and Douglas Dorrie act as one unit of 50%).

### Death or Disablement

In the event of the death of a partner or partners, the remaining partner(s) would manage the L.L.C.

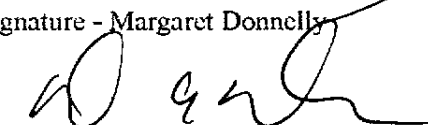
Individuals who are involved with inheritance from the death of any partner(s), (of the company or from the lenders to the company) who want to withdraw their share (from either the company or the lender to the company) must notify the remaining partner(s) of their interest. The partners will have up to one year to facilitate that request based on the best interest of the company. Any growth or loss during that time will be reflected in the inheritor's share.

  
\_\_\_\_\_  
Signature - Michael L. Donnelly

9-27-2003  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature - Margaret Donnelly

9-27-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature - Douglas Dorrie

9/27/03  
\_\_\_\_\_  
Date

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STATE OF FLORIDA