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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

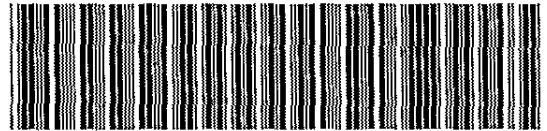
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 FEB 27 PM 1:00
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Countryview Meadows of
Polk County LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Name _____

2/27/04
Date

10:48
Time

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
COUNTRYVIEW MEADOWS OF POLK COUNTY, L.L.C.
a Florida Limited Liability Company**

FILED
04 FEB 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. Name

The name of the Limited Liability Company is: **COUNTRYVIEW MEADOWS OF POLK COUNTY, L.L.C.**

ARTICLE II. Address

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

**5529 U.S. Highway 98 North
Lakeland, Florida 33809**


ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**Joe L. Saunders
5529 U.S. Highway 98 North
Lakeland, Florida 33809**

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.



Joe L. Saunders
Registered Agent's Signature

ARTICLE IV. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

Joe L. Saunders
5529 U.S. Highway 98 North
Lakeland, Florida 33809

Dated: February 25, 2004

By: 
Joe L. Saunders
Managing Member