

L040000017087

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000045967 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BECKER AND POLIAKOFF, P.A.
Account Number : 072720000214
Phone : (954) 364-6007
Fax Number : (954) 985-4139

LIMITED LIABILITY COMPANY

Devon Aire Villas Lot 2 Block 95 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
04 MAR -3 PM 6:33
DIVISION OF CORPORATION

04 MAR -4 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

JP
3-4-04

H04000045967 3

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Devon Aire Villas Lot 2 Block 85 LLC

ARTICLE II - Address:

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

Principal Office Address:

12380 SW 112 Terr

Miami, FL 33186

Mailing Address:

14202 SW 142 Ave

Miami, FL 33186

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

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

Marcus Simmonds

Name

14202 SW 142 Ave

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

Miami

FLORIDA 33186

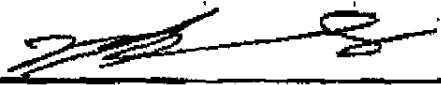
City, State, and Zip

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

04 MAR - 4 AM 9:14

FILED
AND
APPROVED

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, Florida Statutes.


Registered Agent's Signature

H04000045967 3

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

Marcus & Monique Simmonds Real

Estate Holding Company, LLC

14202 SW 142 Ave Miami, FL 33186

(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 attestation under the penalties of perjury that the facts stated herein are true.)

MARCUS Simmonds

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)

H04000045967 3

Page 2 of 2

04 MAR -4 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED