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To:
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Fax Number : (850)205-0383

From:
Account Name : BECKER AND POLIAKOFF, P.A.
Account Number : 072720000214
Phone : (954)364-6007
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Devon Aire Villas Lot 15 Block 61 LLC

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

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TALLAHASSEE, FLORIDA
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JB 3-4-04

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Devon Aire Villas Lot 15 Block 61 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:**
11932 SW 125 Place	14202 SW 142 Ave
Miami, FL 33186	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

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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

Jeffrey L. Rubinger, Esq.
Florida Bar No. 0124788
Becker & Poliakoff, P.A.
3111 Stirling Road
Ft. Lauderdale, FL 33312
(954) 985-4181

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

Marcus Simmonds
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

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)