

W04000017144

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ALABAMA SECRETARY OF STATE
MONTGOMERY, ALABAMA

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W04-17144
JK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY ASSOCIATION ADVISORS LLC
(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:

ROGER D. CARNEY, CPA
(Name of Person)

(Firm/Company)

5300 GUADELOUPE WAY
(Address)

NAPLES FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

ROGER CARNEY at (239) 566-1158
(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

STATE OF FLORIDA
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:

COMMUNITY ASSOCIATION ADVISORS 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:

5320 GUADELOUPE WAY
NAPLES, FL 34119

(SAME)

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

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

ROGER D. CARNEY

Name

5320 GUADELOUPE WAY

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

NAPLES - FLORIDA 34119

City, State, and Zip

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TAMPA, FLORIDA

2010 JUN 9 3 30

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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..

Roger D. Carney
Registered Agent's Signature

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:

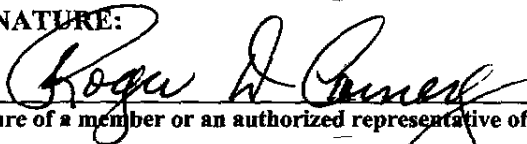
MGRM

ROGER D. CARNEY, CPA
5020 GUADELOUPE WAY
NAPLES, FL 34119

(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.)

ROGER D. CARNEY

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
01 FEB 2 11 9:28
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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)