## L04000039684

(Requestor's Name)				
(Add	dress)			
(Add	dress)	<u>,                                      </u>		
(City	//State/Zi	p/Phone #)		
PICK-UP	□w	AIT MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Cer	rtificates of Status		
Special Instructions to I	Filing Offi	cer:		
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## TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Air Land Twestments 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:

Brian H. Breth

(Name of Person)

And Investments L.

(Firm/Company)

4/4-A NE 2nd St.

(Address)

Deartseld FL 33441

For further information concerning this matter, please call:

Srian H. Brett at (954) 642-631.

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L	imited Liability Company is:		
	Hir & Land	Lovestments L	16 °
	/		
ARTICLE II - A			. ~
The mailing addre	ss and street address of the pri	incipal office of the Limited Liabilit	y Company is
Principal Office	Address:	Mailing Address:	
1631	S. Felval Hay#	103 4/4-A NE CO	25+
1	3774007777	-	
Lordano	Beh Fl	Deerfield Be	uch FL
- /	22/1/ 1		334
	33062	-	
ARTICLE III - I	Registered Agent, Registered	Office, & Registered Agent's Sig.	nature:
	Florida street address of the re		:
	D 11	12	9
	_ Srian H.	1scett	
	Name	··· —	ညိ
	414-A NE	= and St	$\sim$
	Florida street address (P.O		PK
	Y C.A		
	Det (tield	FLORIDA 3344/	<b>2</b> 3
	City, State, a	nd Zip	
na haan namad as voo	istored agent and to accent sen	vice of process for the above stated li	mited liability
		by accept the appointment as register	
to act in this capacity	. I further agree to comply with	h the provisions of all statutes relating	g to the proper
		r with and accept the obligations of n	ny position as
regist	ered agent as provided for in Ci	hapter 608, Florida Statutes	
	a ni	RIN L.	/
	1) N/A	1 h	ge Ut
	Registered Agent's	Signature	•

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
M6RM"	Cari Cascio 1631. S. Federal thuy #102 Pompano Poh 71, 33065
MGRM"	Wallace Cascio  GOIS Fenneto NO  Ft. Myers: TI 33917
MGR"	Brian H. Brett 414-A NE and St Destrold Belo FL
· · · · · · · · · · · · · · · · · · ·	·
(Use attachment if necessary)	O4 APR

NOTE: An additional article must be added if an effective date is requested.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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.)

Wallace 5. Case

Typed or printed name of signee

## 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)