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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

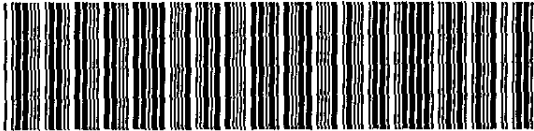
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04/15/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Arthur Estates Development Company, 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:

William A. Bailey
(Name of Person)

Lake Arthur Estates Development Company, LLC
(Firm/Company)

6488 Highway 85, North
(Address)

Crestview, FL 32536
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

William A. Bailey at (850) 683-1230
(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 - Name:

The name of the Limited Liability Company is:

Lake Arthur Estates Development Company LLC

ARTICLE II - Address:

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

Principal Office Address:

6488 Highway 85, North

Crestview, FL 32536

Mailing Address:

6488 Highway 85, North

Crestview, FL 32536

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

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

William A. Bailey

Name

6488 Highway 85, North

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

Crestview, FLORIDA 32536

City, State, and Zip

DIVISION OF CORPORATIONS
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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..

William A. Bailey
Registered Agent's Signature

EFFECTIVE DATE
04/15/04

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

William A. Bailey

6488 Highway 85, North

Crestview, FL 32536

MGR

Betty W. Bailey

6488 Highway 85, North

Crestview, FL 32536

(Use attachment if necessary)

ARTICLE V - EFFECTIVE DATE

The effective date of this Company is: April 15, 2004

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

REQUIRED SIGNATURE:

William A. Bailey

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.)

William A. Bailey

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)

\$155.00