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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ashley Fields L.L.C. (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:		
Albert Ford, Esq. (Name of Person)		
Ford + Brueggerian, P.A.		
270 Waymont Court, Suite 110		
Lake Mary FL 32746 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mark Carson at 407 234-1077 (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

04 APP 23 PH 1: 32 SECRETARY OF STAIL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ashley Fields LLC	
ARTICLE II - Address: The mailing address and street address of the principal street.	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
270 Waymont Ct.	270 wayment Ct.
Suite 110	Suite 110
Lake Mary, FL 32746	Lake Mary FL 32746
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis Albert E. For Name Plorida street address (P.O. Bo	ATT, ESE. ALLA SOITE 110 ANOT acceptable) ANOT acceptable)
Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby a agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with registered agent as provided for in Chap.	FLORIDA 32746 Tip of process for the above stated limited liability accept the appointment as registered agent and exprovisions of all statutes relating to the proper th and accept the obligations of my position as
1 Volt	<u></u>

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

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)

TARY UF STATE HASSEE, FLORIDA