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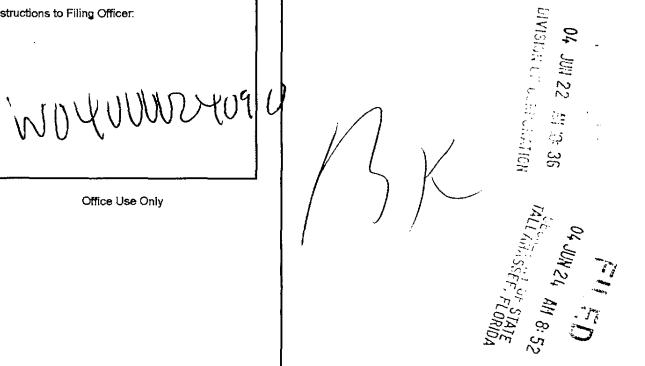
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OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE **3320 S.W. 87 AVENUE** MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy. Will wait Photocopy Certificate of Status Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION! OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

Secretary of June 22, 2004

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: ANTILES LIMITED, LLC Ref. Number: W04000024090

We have received your document for ANTILES LIMITED, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

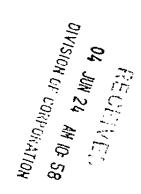
A Florida limited liability company cannot use "LIMITED, LLC" as its suffix. You may use just "LLC" without the word "LIMITED", or you may use "LIMITED COMPANY" or "LIMITED LIABILITY COMPANY" without the "LLC".,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 704A00041348



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Artiles, LLC.

### ARTICLE II - Address:

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

25515 S.W. 124 Ct., Princeton, Fla. 33032

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

The name and the Florida	street address of the registered agent are:	TAKE OF T
	Marcia Artiles	E R
	25515 S.W. 124 Ct.	
	Florida street address (P.O. Box NOT acceptable) Princeton FL 33032	- 5. F. S.
	City, State, and Zip	ARIE 52

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, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

MARCIA ARMICIS

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)