# 04000048608

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	)
(Docu	ment Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



200038228612

RECEIVED



#### CORPORATION SERVICE COMPANY.

ACCOUNT	NO.	:	072100000032

REFERENCE: 782622 5013688

AUTHORIZATION: Tatricia

COST LIMIT : \$ 125.00

ORDER DATE: June 29, 2004

ORDER TIME : 10:54 AM

ORDER NO. : 782622-005

CUSTOMER NO: 5013688

CUSTOMER: Sammy Feldman, Esq

Silver & Feldman

Suite 228

3445 Winton Place Rochester, NY 14623

### DOMESTIC FILING

NAME: THREE LAKES RV PARK, LLC

#### EFFECTIVE DATE:

 CERTIF	CATE	· INCORPORA E OF LIMITA F ORGANIZA:	ED ]	PARTNE	RSH:	IP
 		FOLLOWING			OF	FILING:
CERTI					_	

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

OF JUN 29 PH 1:51

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE	I - Name:
---------	-----------

The name of the Limited Liability Company is:

rk, LLC
incipal office of the Limited Liability Company i
Mailing Address:
6390 Plastermill Road
Victor, New York 14564

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

•	Name
1201 Hays Stree	- T
Florida street a	uddress (P.O. Box <u>NOT</u> acceptable
Tallahassee	FLORIDA 32

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..

Corporation Sarvice Company

By: Olo Butto

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert C. Morgan
	6390 Plastermill Road Victor, NY 14564
(Use attachment if necessary)	
NOTE: An additional article must be a	
(In accordance with section 608.4)	

Filing Fees:
\$160.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

Typed or printed name of signee