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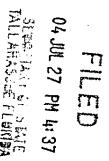
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WHI TOOL

Name: Wayne O. Henry

Address: 12717 W. Sunrise Blvd. #347

Sunrise, Fl 33323

Daytime Phone #: 954-873-3968



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

June 30, 2004

WAYNE O. HENRY 12717 W. SUNRISE BLVD., #347 SUNRISE, FL 33323

SUBJECT: BLEAU LEAF PROPERTIES LLC

Ref. Number: W04000025156

We have received your document for BLEAU LEAF PROPERTIES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Letter Number: 404A00042638

Michelle Hodges Document Specialist

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:  Bleau Leaf Properties LLC			
Bleau Leat Hoperms 20			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Co			
12717 W. Sunnise Blvd #347, Sunrise	, +1	33	32
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	re:		
The name and the Florida street address of the registered agent are:			
Olga M. Viana Name			
Name			
10231 NW 24th St			
Florida street address (P.O. Box NOT acceptable)	٠.	i	
SUNVISE & FT 3332Z		٠.	
SUNYISC, © FL 3332Z City, State, and Zip		. ;	=
registered agent and agree to act in this capacity. I further agree to comply with the provided statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,    Olga M, Vaane   Registered Agent's Signature	with an	-	
(An additional article must be added if an effective date is requested)			
March Carlo	34.	0	
Signature of a ptember or an authorized representative of a member.		<del>ر</del>	•
(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.)	TATE OF S	UL 27 P# 나	
Typed or printed name of signee	<b>*</b>	: 37	
Filing Fees:	<b>&gt;</b>	•	
\$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)			