

AUG-09-2004 MON 09:08 AM

Division of Corporations

FAX NO.

P. 01

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

WILDMERE VILLAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILDMERE VILLAGE, LLC

ARTICLE II - Address:

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

Principal Office Address:

940 Highland Avenue
Orlando, Florida 32803

Mailing Address:

940 Highland Avenue
Orlando, Florida 32803

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

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

Randall L. Rex

940 Highland Avenue
Orlando, Florida 32803

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

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TALLAHASSEE, FLORIDA

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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.


Registered Agent's Signature

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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:

MGR

Randall L. Rex
940 Highland Avenue
Orlando, Florida 32803

REQUIRED SIGNATURE:




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.)

RANDALL L. REX

Typed or printed name of signee

REQUIRED NOTARIAL SIGNATURE:



I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as the same appears to me.

RANDALL L. REX

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTARIAL COMMISSION

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