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Joe Skalski

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Division of Corporations

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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 : JOSEPH C. SKALSKI, P.A.  
Account Number : I20010000095  
Phone : (727)536-5001  
Fax Number : (727)536-4174

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Zoebianna Properties, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION  
OF  
ZOEBIANNA PROPERTIES, LLC**

The undersigned, being a natural person of at least 18 years of age and acting as the Organizer of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

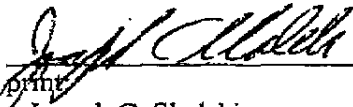
Zoebianna Properties, LLC

SECOND: The latest date on which the Limited Liability Company is to dissolve is December 31, 2102.

THIRD: The Limited Liability Company is organized for the following purposes: to acquire, own, hold, improve, manage and operate real property in Florida or elsewhere in the United States of America (the "Property" or "Properties"); to incur indebtedness, secured and unsecured; to mortgage, finance, refinance, encumber, lease, sell, exchange, convey, transfer or otherwise deal with or dispose of the Property; to enter into and perform contracts and agreements of any kind necessary to, in connection with or incidental to the business of the Limited Liability Company; and to carry on any other activities necessary to, in connection with or incidental to the foregoing, as the Managers in their discretion may deem desirable.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 13770 58th St. N. Suite 304, Clearwater, FL 33760, and the name of the initial registered agent of the Limited Liability Company to whom process may be sent in Florida at that address is Joseph C. Skalski.

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.

  
\_\_\_\_\_  
print  
Joseph C. Skalski

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FIFTH: The mailing address and principal office of the Limited Liability Company is 11417 Harborside Cir. N., Largo, FL 33773.

SIXTH: The Limited Liability Company is to be managed by the Managers. The names and addresses of the initial Managers are: Kathleen Rae Hayes and Charles James Hayes,

SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the Members is \$200.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The membership interests of the Members are evidenced by Certificates of Membership.

TENTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.


ELEVENTH: The remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

TWELFTH: The name and business address of the Organizer of the Limited Liability Company are: Kathleen Rae Hayes, 11417 Harborside Cir. N., Largo, FL 33773.

THIRTEENTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned has executed and acknowledged these Articles of Organization on June, 2004.

*August 3*

  
print: *Kathleen R. Hayes*  
Kathleen Rae Hayes  
Organizer

Return to:

Joseph C. Skalski  
13770 58th St. N., Suite 304  
Clearwater, FL 33760

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Joe Skalski

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STATE OF FLORIDA, COUNTY OF PINELLAS, ss.

The foregoing instrument was acknowledged before me on the 3 day of <sup>August</sup> ~~June~~, 2004, by Kathleen Rac Hayes.

SANDRA L. MAZZEI

print:

Notary Public

My commission expires on



Sandra L. Mazzei  
MY COMMISSION # DD203971 EXPIRES  
June 13, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

Personally Known      OR Produced Identification OL

Type of Identification Produced: H 200 516 46 906-0

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