

Sep 02 04 11:49a Joe Skalski 7275363103 p. 1  
Division of Corporations Page 1 of 1  
**L04000065670**

Florida Department of State  
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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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**LIMITED LIABILITY COMPANY**

**South Moody Townhomes, LLC**

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

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AUG-31-2004 04:40P FROM: F M DEVELOPMENT 727 772 1132

TO: 5364174  
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**ARTICLES OF ORGANIZATION  
OF  
SOUTH MOODY TOWNHOMES, 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:


South Moody Townhomes, LLC

**SECOND:** The latest date on which the Limited Liability Company is to dissolve is December 31, 2099, or at such earlier date as provided in the operating agreement.

**THIRD:** The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**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 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

**FIFTH:** The mailing address and principal office of the Limited Liability Company is 31125 US 19 N, Clearwater, FL 34684.

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AUG-31-2004 04:41P FROM: F M DEVELOPMENT 727 772 1132

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SIXTH: The Limited Liability Company is to be managed by a Managing Member. The name and address of the initial Managing Member are: Farhod M. Nikjeh, having an address at 31125 US 19 N, Clearwater, FL 34684. Members who are not the Managing Member have no authority to bind the company.

SEVENTH: The allocations and distributions of the Limited Liability Company shall be made as provided in the operating agreement.

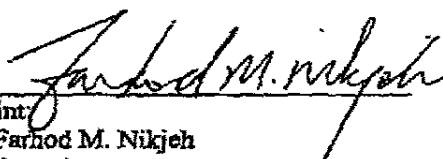
EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be determined by the Manager.

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

TENTH: The Managing Member shall have the right to admit additional Members to the Limited Liability Company, as permitted by the operating agreement.

ELEVENTH: The name and business address of the Organizer of the Limited Liability Company are: Farhod M. Nikjeh, 31125 US 19 N., Clearwater, FL 34684.

IN WITNESS WHEREOF, the undersigned has executed and acknowledged these Articles of Organization on September 1<sup>st</sup> 2004.

  
print  
Farhod M. Nikjeh  
Organizer

Return to:

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

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STATE OF FLORIDA, COUNTY OF PINELLAS, ss.

The foregoing instrument was acknowledged before me on the 1<sup>st</sup> day of September, 2004, by Farhod M. Nikjeh.



Jennifer L. Marshall  
My Commission DD087025  
Expires March 04, 2008

*Jennifer L. Marshall*  
Print: Jennifer L. Marshall

Notary Public

My commission expires on

Personally Known  OR Produced Identification \_\_\_\_\_  
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