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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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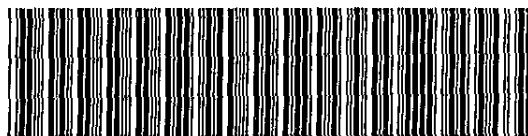
(Business Entity Name)

(Document Number)

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2004 OCT 11 PM 1:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN OCT 12 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARLCIN PROPERTY MANAGEMENT "LLC"  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA WLODYKA  
(Name of Person)

CARLCIN PROPERTY MGMT LLC  
(Firm/Company)

10881 SEA CORAL COURT  
(Address)

Bonita Springs, FL. 34135  
(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA WLODYKA at ( 239 ) 353-4212 WORK  
(Name of Person) (Area Code & Daytime Telephone Number)  
239 495-2609 HOME

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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2004 OCT 11 PM 1:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 OCT 11 PM 1:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CARLCIN PROPERTY MANAGEMENT "LLC."

**ARTICLE II - Address:**

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

**Principal Office Address:**

27443 FELTS AVE  
Bonita Springs  
FL. 34135

**Mailing Address:**

10881 SEA CORAL CT  
Bonita Springs  
FL. 34135

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

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

CYNTHIA Wlodyka  
Name

10881 SEA CORAL CT  
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FLORIDA 34135  
City, State, and Zip

*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..*

Cynthia Wlodyka  
Registered Agent's Signature

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

Cynthia Wlodyka  
10881 SEA CORAL CT  
Bonita Springs, FL 34135

MGR

CARL Wlodyka  
27443 FELTS AVE  
Bonita Springs, FL 34135

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Cynthia Wlodyka  
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.)

CYNTHIA WLODYKA  
Typed or printed name of signee

- Filing Fees:**
- \$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)