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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

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OF OCT 27 BH 7: 53

NATSON OF CORPORATION

LIMITED LIABILITY COMPANY

Levitt and Sons at Lake County, LLC

Certificate of Status	0_
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Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2004 OCT 27 A II: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Levitt and Sons at Lake County, LLC	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
7777 Glades Road, Suits 410	7777 Glades Road Suite 410
Buca Raton, FL 33434-4198	Boça Raton, FL 33434-4198
ARTICLE III - Registered Agent, Regist The name and the Florida street address of	ered Office, & Registered Agent's Signature:
1200 Sout	the registered agent are: rporation System same b Pine Island Road (P.O. Box NOT scoeptable)
1200 Sout Florida street address Florida street address	sporation System ame b Pino Island Road

Page 1 of 2 (CONTINUED)

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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:

2004 OCT 27 A 11: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SE TAL
MORM	Levitt and Sons, LLC	
	7777 Glades Road, Suite 410	
	Boca Raton, PL 33434-4198	
-		
(Use attachment if necessary)		<u> </u>
NOTE: An additional article mu	st be added if an effective date is reques	ted.
REQUIRED SIGNATURE:		
()	Warner	
Signature of a member of	manthorized representative of a member,	
that the facts stated herein of this document constitute (In accordance with accident	s (08.408(3), Florida Statutes, the execution as an affirmation under the penalties of petjury are true.)	
	Seffery Hoyoz	
Typed	or winied name of signer	

Filint Rees:
2100.00 Filing Fee for Articles of Organization
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Sistus (Optional)

Page 2 of 2