

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**To:**

Division of Corporations  
 Fax Number : (850) 203-0383

**From:**

Account Name : LAW OFFICE OF RENEE G VANDEVOORDE  
 Account Number : I20040000140  
 Phone : (772) 589-4353  
 Fax Number : (772) 228-9119

**LIMITED LIABILITY COMPANY**

**Indian River Mobile Home Sales, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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

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**ARTICLE I - NAME**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is **INDIAN RIVER MOBILE HOME  
SALES, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability  
Company is 13225 U.S. Highway 1, Sebastian, FL 32958

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT SIGNATURE**

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

James D. Williams, Sr.

Name

13225 U.S. Highway #1

Florida street address (No P.O. Box's)

Sebastian, FL 32958

City, State, Zip

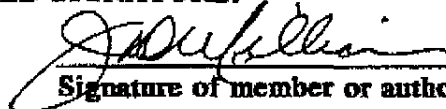
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S.

  
Signature

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**FILED****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:**2004 NOV 12 A 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAMGRMJAMES D. WILLIAMS, SR.  
13225 U.S. Highway #1  
Sebastian, FL 32958**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**

Signature of member or authorized representative

(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.)

JAMES D. WILLIAMS, SR.  
Typed or Printed name of signee