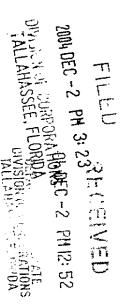
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(5)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



100042811831



J. BRYAN DEC 2 2004,



ACCOUNT NO. : 072100000032

REFERENCE: 048993

4355221

EXAMINER'S INITIALS:

AUTHORIZATION : Tatricio

COST LIMIT : \$ 155.00

ORDER DATE: December 2, 2004

ORDER TIME : 10:31 AM

ORDER NO. : 048993-005

CUSTOMER NO: 4355221

CUSTOMER: Ms. Clara Scocozzo

Collins Brown Caldwell Barkett & Garavaglia 756 Beachland Boulevard

Vero Beach, FL 32963

DOMESTIC FILING

NAME:

REFLECTIONS COMMERCIAL, LLC

EFFECTIVE DATE:

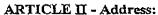
	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	•
XX	ARTICLES OF ORGANIZATION	
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	-
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	-
ር የ	r PERSON: Darlene Ward - EXT 2935	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Reflections Commercial, LLC



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

Principal Office Address:	Mailing Address:
1623 US Hwy 1 Unit B-1	1623 US Hwy 1 Unit B-1
Sebastian FL 32958	Sebastian FL 32958

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

	Name
1623 US Hwy 1 Unit	: B-1
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
Sebastian	FLORIDA 3295

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Thomas F Scott	
	1623 US Hwy 1 Unit B-1 Sebastian FL 32958	ヤニ
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· · · · · · · · · · · · · · · · · · ·	75	
Advant Property and the Control of t	. #4	
(Use attachment if necessary)		

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

REQUIRED STGNATURE

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.)

By: Bruce D. Barkett

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2