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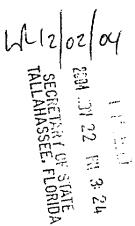
(Requestor's Name)
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## TRANSMITTAL LETTER

TO:	Registration Se Division of Co				
SUBJE	CT: Estate Pr	operty LLC (Name of Limited	Liability Company)		-
The enc	losed Articles of	f Organization and fee(s) are su	bmitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		
	Teresa F	isher			
		(I)	lame of Person)		
	· · · · · · · · · · · · · · · · · · ·	(F	irm/Company)		
	5111 SW O	rchid Bay Drive			SECRETARY TALLAHASSE
			(Address)		22 88
					FG P
	Dalm	City, Florida, 34990			m 3 24 of STATE EE FLORID
	raini		State and Zip Code)		聖 22
		` •	•		A T
For furt	her information	concerning this matter, please of	call:		
Teresa	(Terri) Fisher		at ( 772 ) 486 368	96	
		of Person)	(Area Code & Daytime	e Telephone Number)	-
Enclose	ed is a check fo	or the following amount:			
<b>J</b> \$125.	.00 Filing Fee		S \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Star	tus &
	Regisi Divisi 409 E	ET ADDRESS: tration Section on of Corporations . Gaines Street ussee, Florida 32399	Registration Division of P.O. Box 6	f Corporations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Name: : Limited Liability Comp	any is:				
Estate Property L	LC					
ARTICLE II - The mailing add		f the principal office of the Limited Liab	iliry Company is:			
Principal Office Address:		Mailing Address:				
5111 SW Orchid Bay Drive		5111 SW Orchid Bay Drive				
Palm City		Paim City				
larida 34990		Florids 34990				
The name and the Florida street address  Mr Roy Wiley  711 West Indiantown		Name	ZODA NOV 22 SECRETARY TALLAHASSI			
	ويرون المناب والمناب		SEC 72			
	Florida s	treet address (P.O. Box MOT accompbin)	1.11			
	Florida s Jupiter, Florida 33458	treet address (P.O. Box <u>NOT</u> acceptable)				
	Jupiter, Fiorida 33458	treet address (P.O. Box <u>NOT</u> acceptable)  FL , State, and Zip	M			

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
Teresa Fisher	5111 SW Orchid Bay Drive			
	Palm City FI 34990			
<del></del>				
,				
(Use attachment if necessary)				
NOTE: An additional article m	ust be added if an effective date is requested.			
REQUIRED SIGNATURE:				
Signature of a me	Signature of a member or an authorized representative of a member.			
of this document c	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)			
Teresa Fisher				
	Typed or printed name of signee			
Filing Foot				
Filing Fees:				
\$125.00 Filing Fee for Articles of C	organization and Designation			

2001 HOW 22 PM 3: 25
SECRETARY OF STATE
SECRETARY OF STATE

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)