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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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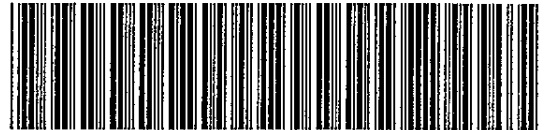
(Business Entity Name)

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TALLAHASSEE, FLORIDA

up

**PATRICIA A PARKE CPA
11921 NW 20TH STREET
PEMBROKE PINES, FLORIDA 33026**

December 16, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: HAMSTEAD WAYNE, LLC

The enclosed Articles of Organization and fee are submitted for filing, along with our check in the amount of \$155 for filing fee and certified copy of record.

Please return all correspondence concerning this matter to the following:

Patricia A Parke CPA
11921 NW 20th Street
Pembroke Pines, Florida 33026

For further information concerning this matter, please call Patricia Parke at (954) 214-4713.

Sincerely yours,



PATRICIA A PARKE CPA

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TALLAHASSEE, FLORIDA

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

ARTICLE I

Name

The name of the Limited Liability Company shall be:

HAMSTEAD WAYNE, LLC

ARTICLE II

Address

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

**2613 SW 65TH AVENUE
MIRAMAR, FL 33023**

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent are:

**PATRICIA A PARKE
11921 NW 20TH STREET
PEMBROKE PINES, FL 33026**

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 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..



Patricia Parke

*Registered Agent and
Authorized representative of a Member*

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ARTICLE IV

Manager or Managing Member

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

<u>Title:</u>	<u>Name and Address</u>
MGRM	Mark Smith 2613 SW 65 th Avenue Miramar, Florida 33023

REQUIRED SIGNATURE:



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.)

Mark Smith
Typed or printed name of signee

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