

L05000015093

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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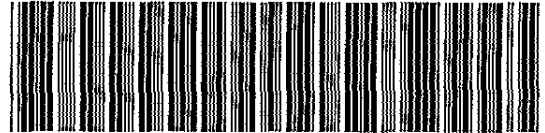
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05 FEB 14 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 FEB 14 PM 4:23
DEPUTY SECRETARY
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 203588 7473072

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 14 AM 7:35

FILED

ORDER DATE : February 14, 2005

ORDER TIME : 3:31 PM

ORDER NO. : 203588-005

CUSTOMER NO: 7473072

CUSTOMER: Donald A. Anderson, Esq.
Donald A. Anderson Attorney
At Law
350 Gulf Blvd.

Indian Rocks Be, FL 33785

DOMESTIC FILING

NAME: FLORENTINE APARTMENTS, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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

FILED
05 FEB 14 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florentine Apartments, LLC**ARTICLE II - Address:**

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

Principal Office Address:Florentine Apartments, LLC19722 Gulf BlvdIndian Shores, FL 33780**Mailing Address:**Florentine Apartments, LLC19722 Gulf BlvdIndian Shores, FL 33780**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Lyle Aldrich

Name

19722 Gulf BlvdFlorida street address (P.O. Box **NOT** acceptable)Indian ShoresFLORIDA 33730

City, State, and 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, Florida Statutes..

Lyle Aldrich

By: 

Registered Agent's Signature

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:

MGRM

Lyle Aldrich

19722 Gulf Blvd

Indian Shores, Florida 33780

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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: Lyle Aldrich
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)