Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000085624 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: 119990000242 Phone: (215)563-8113 Fax Number: (215)977-9386

LIMITED LIABILITY COMPANY

LANDCREST LLC

Certificate of Status	i
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic filling Menu.

Corporate Filing

Public Access Help

(H05000085624 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LANDO	_
	CREST LLC S
ARTICLE II - Address:	Ţ,
The mailing address and street address of the	e principal office of the Limited Liability Compa
Principal Office Address:	Mailing Address:
	2848 8 F 1911 1 T 4 1 1 6 6 6 1 1 1 1 1 1
1819 S.E. KILLEAN COURT	1819 S.E. KILLEAN COURT
	PORT ST. LUCIE, FL 34952
1819 S.E. KILLEAN COURT PORT ST. LUCIE, FL 34952	
PORT ST. LUCIE, FL 34952	
PORT ST. LUCIE, FL 34952 ARTICLE III - Registered Agent, Registe:	PORT ST. LUCIE, FL 34952 red Office, & Registered Agent's Signature:
PORT ST. LUCIE, FL 34952 ARTICLE III - Registered Agent, Register The name and the Florida street address of the	PORT ST. LUCIE, FL 34952 red Office, & Registered Agent's Signature: the registered agent are:
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	PORT ST. LUCIE, FL 34952 red Office, & Registered Agent's Signature: the registered agent are:
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	PORT ST. LUCIE, FL 34952 red Office, & Registered Agent's Signature: the registered agent are:
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	PORT ST. LUCIE, FL 34952 red Office, & Registered Agent's Signature: the registered agent are: TTA
PORT ST. LUCIE, FL 34952 ARTICLE III - Registered Agent, Registe: The name and the Florida street address of the JOSEPH TORNE Na 1819 S.E. KILLEAN	PORT ST. LUCIE, FL 34952 red Office, & Registered Agent's Signature: the registered agent are: TTA
PORT ST. LUCIE, FL 34952 ARTICLE III - Registered Agent, Registe: The name and the Florida street address of the JOSEPH TORNE Na 1819 S.E. KILLEAN	PORT ST. LUCIE, FL 34952 ared Office, & Registered Agent's Signature: the registered agent are: TTA time N COURT address (P.O. Box NOT acceptable)

đ 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.

(CONTINUED)

Page 1 of 2

(H05000085624 3)

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:
MGR	JOSEPH TORNETTA 1819 S.E. KILLEAN COURT PORT ST. LUCIE, FL 34952
· ;	The state of the s
	SCEL FLORE
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	as altification 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.)

JOSEPH TORNETTA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2