## C05000043984

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





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SECRETARY OF STATE
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporation				
SUBJECT: LAKE HATO	CHINEHA DEVELOPMEN	IT, LLC		
	(Name of Limited	l Liability Com	pany)	
	rganization and fee(s) are su		_	
· · · · · · · · · · · · · · · · · · ·			.6.	
Blaine C. D	ickenson, Esq.			<del></del>
	1)	lame of Person)		
Dickenson, Murphy, Re				<u> </u>
	(I	Firm/Company)		PR 27 PH 3: 01  PR 27 PH 3: 01  PRETARY OF SIGNE  LLAHASSEE FLORID
				27
980 North Fed	eral Highway, Suite 410			SEE 1
<del></del>		(Address)		ET C
				0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Boca Ra	iton, Florida 33432			- P
		State and Zip Cod	le)	<del></del>
For further information con	cerning this matter, please o	eall:		
Blaine C. Dickenson		at (_561	391-1900	
(Name of			de & Daytime Tel	ephone Number)
Enclosed is a check for the	ne following amount:			
	J \$130.00 Filing Fee & Certificate of Status	S155.00 I Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati Division	ADDRESS: on Section of Corporations nines Street		MAILING AE Registration Se Division of Cor P.O. Box 6327	ction porations

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
LAKE HATCHINEHA DEVELOPMENT, LLC				
ARTICLE II - Address:				
The mailing address and street address of the	e principal office of the Limited Liability Company is:			
	For St			
Principal Office Address:	Mailing Address:			
c/o Blaine C. Dickenson, Esq.	c/o Blaine C. Dickenson, Esq.			
980 North Federal Highway, Suite 410	980 North Federal Highway, Suite 41002			
Boça Raton, Florida 33432	Boca Raton, Florida 33432			
The name and the Florida street address of the Blaine C. Dickenson, Esq.	ne registered agent are:			
Na	me			
980 North Federal Highway, Suite 410  Florida street address (P.O. Box NOT acceptable)				
				Boca Raton
City, Sta	te, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance if my duties, and I am familiar with and egistered of this ar provided for in Chapter 608, F.S			

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	David Jenkins
	395 Brogdon Road
	Suwanee, GA 30024
····	
	<del>-</del>
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	SEC SEC
	APR
	27 27 28 88 88 88
Signature of a	member of an authorized representative of a member.
of this documen	with section 608,408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
David Jenkin:	s
	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)