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2005 MAY -9 A 10:31

FLORIDA P. P. S. T. E.  
TALLAHASSEE, FLORIDA



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2005 MAY -9 A 10:39

SUBJECT: ALACHUA MANAGEMENT CO., LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARVIN SMOLLAR

(Name of Person)

(Firm/Company)

16469 BRIDLEWOOD CIRCLE

(Address)

DELRAY BEACH, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

MARVIN SMOLLAR  
(Name of Person)

at ( 561 ) 499-0411  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee    \$130.00 Filing Fee & Certificate of Status    \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)    \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ALACHUA MANAGEMENT CO., LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

16469 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARVIN SMOLLAR

Name

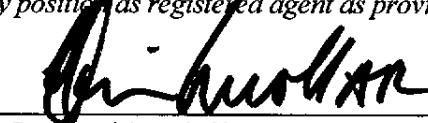
16469 BRIDLEWOOD CIRCLE

Florida street address (P.O. Box NOT acceptable)

DELRAY BEACH, FL 33445 FL

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, F.S..*



Registered Agent's Signature

**(CONTINUED)**

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

MARVIN SMOLLAR

16469 BRIDLEWOOD CIRCLE

DELRAY BEACH, FL 33445

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
Marvin Smollar  
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.)

Marvin Smollar

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)**