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(F	lequestor	's Name)	
(A	(ddress)		
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(0	city/State/	Zip/Phone	#)
PICK-UP		WAIT	MAIL
(B	usiness l	Entity Nam	e)
(D	ocument	Number)	
Certified Copies	c	ertificates	of Status
Special Instructions to	Filing O	fficer:	
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ocument	<u> </u>		
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## TRANSMITTAL LETTER

TO: Registration S Division of Co				
SUBJECT: Homes &				
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
Melanie	B. Friedman			
	{	Name of Person)		
Homne 2 i and of El	lorida II C			
Homes & Land of FI		Firm Company)		
	·	• • • •		
20000 15-1-	mana Dandariand - 11ah 2004			
20020 Vete	rans Boulevard Unit #21	(Address)		
		(		
Port :	Charlotte, Florida 33954			
<del>- 11</del>	(City	State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information	concerning this matter, please	call:		
Melanie B. Friedman		at (941 ) 380-8586	_	
(Name	of Person)	(Area Code & Day time To	elephone Number	
Enclosed is a check for	or the following amount:		elephone Number 2005	
3 \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	Ø \$160.00 Filing Fee. Certificate of Status ❖	
	WALLETTING OF MARINE	(additional copy is enclosed)	Certified Copy (additional copy is shelosed)	
STRI	EFT ADDRESS:	MAILING A	DDRESS:	
Registration Section		Registration Section		
	EET ADDRESS: tration Section	MAILING A Registration S	DDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Homes & Land of Florida LLC	<del>variation de la france de la companyation de la france d</del>			
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
20020 Veterans Blvd.	20230 Astoria Ave.			
Unit #21	Port Charlotte, Fl. 33952			
Port Charlotte, Florida 33954				
The name and the Florida street address of Melanie B. Friedman	<u> </u>			
1	Name			
20230 Astoria Ave.				
Florida street address (P.O. Box NOT acceptable)				
Port Charlotte,	m 33952 TAS THE			
City, S	City, State, and Zip			
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all sete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Melanie B. Friedman MGRM 20230 Astoria Ave. Port Charlotte, Florida 33952 (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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Melanie B. Friedman

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)