U05000059926

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	 .
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
410	FC 1	C
	Office Use Only	



500055576865

06/10/05--01041--029 **155.00

1 Million

5 JULY 10 EL 3 FO

LEFKOWITZ & SHAW, P.A.

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ*
THOMAS C. SHAW

430 NORTH MILLS AVENUE ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974 FACSIMILE (407) 425-1981 WEBSITE: ORLANDOLAW.ORG

* BOARD CERTIFIED IN TAXATION AND MASTER OF LAWS IN ESTATE PLANNING

June 8, 2005

Attn: Corporations Division Secretary of State Bureau of Corporate Records Post Office Box 6327 Tallahassee, Florida 32314

Re: Blackwater Horse Ranch, L.L.C. Effective Date: Date of Filing

Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Articles of Organization of the above proposed Limited Liability Company. The duplicate copy has been subscribed and acknowledged by the subscriber in the same manner as the original. Please endorse your approval of the Articles of Organization on the duplicate copy, and return a certified copy to this office.

A check is also enclosed in the total amount of \$155.00 to cover the \$100.00 filing fee, the \$30.00 fee for the certified copy, and the \$25.00 fee for designation of registered agent.

Ivan M. Lefkowitz

IML:glg
Enclosures

cc: James E. Quinn, Manager

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blackwater Horse Ranch, L.L.c.

ARTICLE II - Address:

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

32839 Webbs Way, Sorrento, Florida 32776

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

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

Ivan M. Lefkowitz Name	,3 *)5 JUS
430 North Mills Avenue		0
Florida street address (P.O. Box NOT acceptable)		<u> </u>
Orlando, Florida 32803 City, State, and Zip	· =	2: 1:0

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

ARTICLE IV - Management (Check box if applicable)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Effective Date

The Limited Liability Company shall have an effective date of:

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.)

JAMES E. QUINN
Typed or printed name of signee