

LOS 000060357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

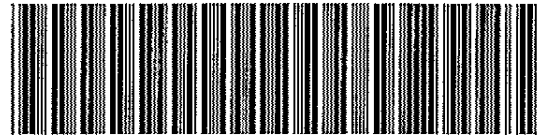
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUN 13 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 17 2005

WILLIAM E. RAIKES, III
Attorney at Law

(772) 595-6654
Fax (772) 465-0593
Courthouse Box 45

302 South Second Street
Suite 101
Fort Pierce, Florida 34950

June 10, 2005

BY FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: CARLTON ROAD ESTATES, LLC

Dear Sir or Madam:

Enclosed please find original and one copy of the Articles of Organization For Florida Limited Liability Company for the above-referenced corporation. Also enclosed is our check for the following:

Filing fee	\$100.00
Registered Agent fee	25.00
Certified Copy of Articles	<u>30.00</u>
Amount of check	\$155.00

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact me.

Very truly yours,



William E. Raikes, III

WER/tkk
enclosure

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carlton Road Estates, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

302 South Second Street, Suite 101
Fort Pierce, Florida 34950

302 South Second Street, Suite 101
Fort Pierce, Florida 34950

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

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

William E. Raikes

Name

302 South Second Street, Suite 101

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

Fort Pierce, Florida 34950

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 property 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, Florida Statutes.

William E. Raikes

Registered Agent's Signature

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

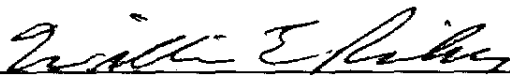
MGR

William E. Raikes
302 South Second Street, Suite 101
Fort Pierce, Florida 34950

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that all facts stated herein are true.)

William E. Raikes
Typed or printed name of signer

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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