2005 JUN 14 P 12: 57 SECRETARY OF STATE (Requestor's Name) (Address)

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. TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations			2005 JUN 14 P 12: 57	
SUBJECT:	AUSTIN DEV	ELOPMENTS	SECRETARY OF STATE	
	(Name of Limite	d Liability Company)	ALLTHIA	
	f Organization and fee(s) are so	_		
	TREVOR	DARLINGTON		
		Name of Person)	······································	
	AUSTIN DEVE	LOPMENTS		
(Firm/Company)				
	•			
119 SYCAMORE DRIVE				
— ,		(Address)		
ROYAL PALM BEACH, FL 33411				
(City/State and Zip Code)				
For further information	concerning this matter, please	cali:		
TREVOR DARLINGTON at (561) 346-0				
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)	
Enclosed is a check for	or 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

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2005 JUN 14 P 12: 57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑY TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is: AUSTIN DEVELOPMENTS, LLC				
Principal Office Address:	Mailing Address:			
119 SYCAMORE DRIVE	119 SYCAMORE DRIVE			
ROYAL PALM BEACH, FL 33411	ROYAL PALM BEACH, FL 33411			
The name and the Florida street address	egistered Office, & Registered Agent's Signature: ss of the registered agent are: VOR DARLINGTON Name			
440.00				
Annual and the state of the sta	/CAMORE DRIVE a street address (P.O. Box NOT acceptable)			
	LM BEACH, FL 33411			
···· · · · · · · · · · · · · · · · · ·	ity, State, and Zip			
liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co accept the obligations of my position.	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as 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:
"MGR" = Manager
"MGRM" = Managing Member

"MGRM" = Managing Member

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Trevor Darlington,mgr

119 Sycamore Drive

Royal Palm Beach, FL. 33411

(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 that the facts stated herein are true.)

TREVOR DARLINGTON

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)

AUSTIN DEVELOPMENTS

June 7, 2005

Trevor Darlington 119 Sycamore Drive Royal Palm Beach, Fl

Dear Sir or Madam:

I, Trevor Darlington, am submitting this letter to notify you of the return address: 119 Sycamore Drive Royal Palm Beach Florida 33411. (561) 346-0036

Sincerely,

Trevor Darlington