L05000062383

(Requestor's Name)		
(Address)		
(Address)		
,		
(Ch. Ch. G. Dhana II)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



300056337863

06/23/05--01003--018 **160.00

RECEIVED FILE OS JUN 23 AH
OS JUN 23 MAIN: 11 OS JUN 23 AH
NINSKIED SANDONS ALLAHASSEE, F

57 MAI JUN 2 3 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LM H LAND PACTNERS (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: [Name of Person]		
LM H LAND Pertners LLC.		
1323 Thomas ville Rd - (Address)		
Tellahassee FL 32303 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tay Hill at (850) 222-2010 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$2 \$160.00 Filing Fee, \$\ \text{Certified to of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \]		
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

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: MH LAND PARTNERS 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: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are: Florida street address (P.O. Box <u>NOT</u> acceptable) Tallahassee FL 32203 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..

(CONTINUED)

egistered Agent's Signature

Page 1 of 2

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
ngrin	Jay Hill 1323 Thomasuille Rd Tallahussee FL 32203
	95 JUN 23 MMII. 24
(Use attachment if necessary)	
•	e added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with section of this document constitute that the facts stated here	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)

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)