

Florida Department of State

Division of Corporations Public Access System 2005 JUL 26 A H: 10 SECHE MARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

RECEIVED 35 05 JUL 26 MID: 35 UNISION OF CORPORATION

LIMITED LIABILITY COMPANY

Park Place Development, LLC

Certificate of Status	0
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ARTICLES OF O	RGANIZAT	ION FOR F	LORIDA LIMITED LIA	ABILITY COMPANY
ARTICLE I - Na				TALLAHASSEE, FLORIO
The name of the I	Limited Liabilit	ty Company is	s:	
Park Place Develop	oment, LLC			
ARTICLE II - A The mailing addre		ddress of the p	principal office of the Limit	ted Liability Company is:
Principal Office	Address:		Mailing Address:	
13777 Belcher Ros	id South			
Largo, FL 33771	<u> </u>			
4 7007 CL 11 747 X			1000 0 0 0 0 1	
ARTICLE III - I	kegistered Ag	ent, Registere	ed Office, & Registered Ag	gent's Signature:
The name and the	Florida street	address of the	registered agent are:	
	Craig E. Behn	enfeid		
		Nam	e	
	601 Bayshore Boulevard, Ste. 700			
		Florida street a	ddress (P.O. Box NOT acceptable	le)
	Tampa,		FL_33606	
		City, State,	, and Zip	,
liability comp registered agent of statutes relating	any at the place and agree to ac g to the proper c	e designated in it in this capac and complete p position as reg w (. D	o accept service of process for this certificate, I hereby accept. I further agree to comple performance of my duties, and asserted agent as provided for the Signature.	cept the appointment as by with the provisions of all and I am familiar with and

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FILED ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2005 JUL 26 A 11: 10 Title: Name and Address: "MGR" = Manager SECRETARY OF STATE TALLAHASSEE, FLORIDA "MGRM" = Managing Member John J. Piazza, Sr. MGR 13777 Belcher Road South Largo, FL 33771 (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), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein 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)

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Craig E. Behrenfeld, Authorized Representative

Typed or printed name of signee

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