## 

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
/08	ty/State/Zip/Phone	. 45
(Cil	ty/State/Zip/Pnone	: <del>#)</del>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
$()/\!\!/\!\!/$	Office Use Only	¥



08/25/05--01028--004 \*\*155.00



## TRANSMITTAL LETTER

Division of Co					
SUBJECT: Cigam Pi					
	(Name of Limited	Liability Company)			
	f Organization and fee(s) are su	_			
•	-	_			
<del> </del>		rk G. Vallery lame of Person)		<del></del>	
		Custom Homes, Inc	<b>&gt;</b> -		
	(I	чин Сотрану)			
	300 Ea	st Highway 50			
		(Address)		<del></del>	
	Clen	nont, FL 34711			
<u> </u>		State and Zip Code)	·····	-	
For further information	concerning this matter, please				
1 of failure information	-			N Za	S 4.78
Mark G. Vallery	of Person)	at (	4-0614 Paytime Telephone N	Number	05 NUS 25
(	· · · · · · · · · · · · · · · · · · ·	(202 0000 00 2	, - <u>-</u>		25
Enclosed is a check for	or the following amount:				
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Certified Copy (additional copy is enc	Certif	60.00 Filing Fee, icate of Status & fied Copy is enclosed	1110: 15 105 NG
Regist Divisi 409 E	ET ADDRESS: tration Section on of Corporations . Gaines Street lassee, Florida 32399	Regis Divis P.O. 1	LING ADDRESS stration Section sion of Corporation Box 6327 hassee, Florida 32	ns Pic-	G 25 AM 10: 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ís:
Cigam Properties, 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:
300 East Highway 50	300 East Highway 50
Clermont, FL	Clermont, FL
34711	34711
The name and the Florida street address of th  Mark G. Valle	ery
Nar	ne
300 East Hig	hway 50
Florida street	address (P.O. Box NOT acceptable)
	> 68
Clerm	ont, FL 34711
	ont, FL 34711 e, and Zip
City, Stat  Having been named as registered agent and liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Mana "MGRM" = Ma			
MGRM	Vallery Florida Holding Company 300 East Highway 50 Clermont, FL 34711		
(Use attachment	t if necessary)		Ÿ
NOTE: An add	ditional article must be added if an effective date is requested.  IGNATURE:		
-	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.)	D TALL	05 A
	Mark G. Vallery  Typed or printed name of signee	AHNSS	UG 25

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)