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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

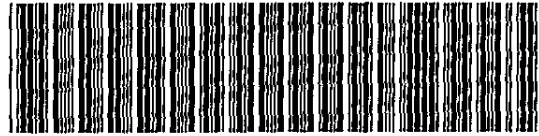
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2005-12-13 10:27

**BLAIR & POTTS**  
A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW  
TWO STAMFORD PLAZA  
281 TRESSER BOULEVARD  
P.O. BOX 1214  
STAMFORD, CONNECTICUT 06904-1214  
TELEPHONE (203) 327-2333  
FACSIMILE (203) 327-1731

August 31, 2005

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399

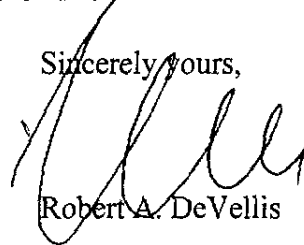
Re: Vico Court, LLC  
TYBRA Enterprises, LLC  
4928 Gold Trees Way, LLC

Dear Sir or Madam:

I enclose for filing the Articles of Organization for the above-referenced limited liability companies. I also enclose a check in the amount of three hundred seventy-five dollars (\$375) in payment of the filing fees. Once the Articles of Organization have been filed, please forward the filing receipts to me in the enclosed envelope.

If you require anything further, please do not hesitate to contact me.

Sincerely yours,



Robert A. DeVellis

RAD/mgn  
Enclosures

cc: Mr. and Mrs. Michael P. Beasley (w/enclosures)  
24beasley-m.FL-LLC.ltr

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vico Court, LLC  
(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:

Robert A. DeVellis, Esq.  
(Name of Person)

Blair & Potts  
(Firm/Company)

P.O. Box 1214  
(Address)

Stamford, CT 06904-1214  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Robert A. DeVellis, Esq. at ( 203 ) 327-2333  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Vico Court, 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:**

8131 Palmer Blvd.

8131 Palmer Blvd.

Sarasota, FL 34240-9414

Sarasota, FL 34240-9414

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

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

Michael P. Beasley

Name

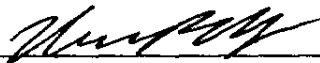
8131 Palmer Blvd.

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

Sarasota FL 34240-9414

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..*



Registered Agent's Signature

Michael P. Beasley

(CONTINUED)

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STATE OF FLORIDA  
TALLAHASSEE

**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

**Name and Address:**

MGRM

Michael P. Beasley

8131 Palmer Blvd.

Sarasota, FL 34240-9414

MGRM

Christina M. Beasley

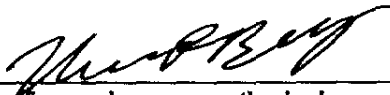
8131 Palmer Blvd.

Sarasota, FL 34240-9414

(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.  
Michael P. Beasley

(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.)

Michael P. Beasley

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)

SECRETARY  
TALIAFERRO PERDUE  
2005-03-1 P 1:27

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