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## **COVER LETTER**

Division of Corpora			
<sub>SUBJECT:</sub> Olympia S	Spring Hill, LLC		
		l Liability Company)	•
The enclosed Articles of Orga	anization and fee(s) are su	abmitted for filing.	
Please return all corresponder	nce concerning this matte	r to the following:	
Howard P. Slo			
	C)	Name of Person)	
Olympia Deve	lopment Group, I	nc.	
	C	Firm/Company)	
2414 Dallas H	ighway, Suite 30	1	
		(Address)	
Marietta, GA	30064		
	(City/	State and Zip Code)	
For further information conce	erning this matter, please	call:	
Howard P. Slomka		at ( 770 South East Of the Code & Daytime To	15
(Name of Pe	erson)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the	following amount:		
	\$130.00 Filing Fee & extificate 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)
Re Di P.	ailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Olympia Spring Hill, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
1060 Keene Road Dunedin, FL 34698	1060 Keene Road Dunedin, FL 34698			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations) business entity with an active Florida registration.)	ered Agent. You must designate an individual or another			
The name and the Florida street address of the re	egistered agent are:			
William E. Touloumis Name				
1060 Keene Road  Florida street address (P.O. Box NOT acceptable)				
Dunedin, City, State, a	FL 34698 4			
liability company at the place designated in ti	accept service of process for the above stated limited his certificate, I hereby accept the appointment as L. Liurther agree to comply with the provisions of al			

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 (REQUIRED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member William E. Touloumis MGR 1060 Keene Road Dunedin, FL 34698 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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,) Howard P. Slomka, Esquire 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)