

(Requestor's Name)	
(Address)	
(Address)	,
(City/State/Zip/Phone	; #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
	MILA
<u> </u>	13/11/2



COVER LETTER

	istration S ision of Co	ection orporations					
SUBJECT:	(Daves (Nam	Hom e of Limited	CG LLC Liability Company)			
The enclosed	Articles o	of Organization and	fee(s) are su	bmitted for filing.			
Please return	all corres	pondence concernin	g this matter	to the following:			
	Da	vil C. K	<u> </u>	Jame of Person)			-
<u></u>	Oa	ves Ho	mes	LLC			
	892	26 N.	4cm	enia Ave, (Address)			es det in
_	Ta	mpa	(City/	(Address) 33604 State and Zip Code)		AGE STATE	PH 2:10
For further in	nformation	concerning this ma	tter, please o	call:			
Davi	(Nam	Usce () e of Person)		at (813) 26 Telegration (Area Code & Daytime Te	1— 7384 elephone Number)	Ł_	
Enclosed is	a check f	or the following a	mount:				
] \$125.00 F	iling Fee	\$130.00 Fili Certificate of S		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 F Certificate of Certified Copy (additional copy	Status &	
		Mailing Address Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Street/Courier Address 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:		
Oaves Homes, L (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," o	r "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
1 Sampe, FL 33604	8926 N. Armeni, Tampo, FL 336	a Ave,
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	刊品
Name 8926 N. Ar- Florida street addr	meniu Ave, ress (P.O. Box <u>NOT</u> acceptable)	2: 10
Tomfa City, State, and	FL 33604 nd 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Man		
MGR MGR	David CRUSSE II 15425 Lake Maga Tampa FL David Worley	latene Blvd. 33613
	Lutz, FL 33	647
n effective date is list	date, if other than the date of filing: 0 t, 7, 2005 ted, the date must be specific and cannot be more than fiv	(OPTIONAL) re business days prio
r 90 days after the da <u>REQUIRED</u> SIC		150 SJ
	Signature of a member or an authorized representative of a mem	岩色 二
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of period that the facts stated herein are true.) Typed or printed name of signee	m ¥ [™] ⊃ jury —

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)