

LOS000107397

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
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DIVISION OF CORPORATIONS
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

PUTNAM LAND ASSOC. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PUTNAM LAND ASSOC. 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 principal office of the Limited Liability Company is:

Principal Office Address:

2235 South Woodland Boulevard
Deland, FL 32720

Mailing Address:

2235 South Woodland Boulevard
Deland, FL 32720

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bryan Smith

Name

9009 Sandshot Way

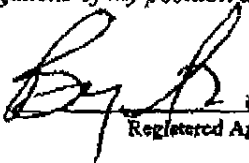
Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie

FL 34986

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

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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:

MGR

Bryan Smith
9009 Sandshot Way
Port Saint Lucie, FL 34986

MGRM

Gerard McNally
8163 Mulligan Circle
Port Saint Lucie, FL 34986

MGRM

Frank Virga
8234 Mulligan Circle
Port Saint Lucie, FL 34986

MGRM

Arnold Grimaldi
1160 Sugarsands Boulevard
Riviera Beach, FL 33404

(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.)

BRYAN SMITH

Typed or printed name of signee

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ARTICLE IV - Managers or Managing Members (Continued)

MGRM

Neil Grimaldi
1160 Sugarsands Boulevard
Rivers Beach, FL 33404

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