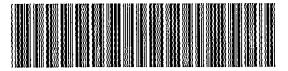
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(Re	questor's Name)	
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•	•	
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(Cit	y/State/Zip/Phone	<i>#</i> )
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(D.		
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Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only

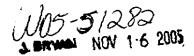


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## **COVER LETTER**

	Registration Sec Division of Cor				
SUBJEC	<sub>cr:</sub> Village	Project Manageme	ent, LLC		
-		(Name of Limited	l Liability Compa	ny)	
The encl	losed Articles of	Organization and fec(s) are su	abmitted for filing		
Please re	turn all correspo	ondence concerning this matter	r to the following:		
1	Deborah E	3. Seiler			
		Q	Name of Person)		77.05
<del></del>					70 72
		(1	Firm/Company)		2550
Ę	5770 Live	Oak Avenue			
			(Address)		087
ì	Melbourn	e Village, FL 329	904		(5) F
_			State and Zip Code	)	
For furth	ner information of	concerning this matter, please	call:		
Debo	rah B. Sei	ler	at (321	412-478	
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)
Enclose	ed is a check fo	r the following amount:			
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	γ	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	on Section of Corporation wilding centive Center see, FL 32301	ns



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 16, 2005

DEBORAH B. SEILER 5770 LIVE OAK AVENUE MELBOURNE VILLAGE, FL 32904

SUBJECT: VILLAGE PROJECT MANAGEMENT, LLC

Ref. Number: W05000051282

Mistory Controls

We have received your document for VILLAGE PROJECT MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 10, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 605A00067842

		FLORIDA LIMITED LIABILITY (	
ARTICLE I - N	Vame:		
The name of the	Limited Liability Company	is:	KILED MISS
Village Project	t Management, LLC		in the second
		mited Company" or their abbreviation "LLC," or "L.	C.T) Parion
ARTICLE II -	Address:		タび
The mailing add	lress and street address of the	principal office of the Limited Liability	Company is:
Principal Offic	e Address:	Mailing Address:	
5770 Live Oak A	venue	5770 Live Oak Avenue	
14-16			
Melbourne Villag	e, FL 32904	Melboume Village, FL 32904	_ <del>_</del>
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register y Company cannot serve as its own Re an active Florida registration.)	red Office, & Registered Agent's Sign	another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register	red Office, & Registered Agent's Sign	
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register y Company cannot serve as its own Re an active Florida registration.)	red Office, & Registered Agent's Sign	another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register y Company cannot serve as its own Re an active Florida registration.) he Florida street address of the	red Office, & Registered Agent's Sign egistered Agent. You must designate an individual or are registered agent are:	another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register y Company cannot serve as its own Re an active Florida registration.) he Florida street address of the Deborah B. Seiler	red Office, & Registered Agent's Sign egistered Agent. You must designate an individual or ne registered agent are:	another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register y Company cannot serve as its own Re an active Florida registration.) ne Florida street address of the Deborah B. Seiler Na 5770 Live Oak Avenu	red Office, & Registered Agent's Sign egistered Agent. You must designate an individual or ne registered agent are:	another
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Register y Company cannot serve as its own Re an active Florida registration.) ne Florida street address of the Deborah B. Seiler Na 5770 Live Oak Avenu	red Office, & Registered Agent's Sign egistered Agent. You must designate an individual or ne registered agent are:  me	another

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)

liability company at the place designated in this certificate, I hereby accept the appointment as

(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:

MGR	Stephen N. Seiler
	5770 Live Oak Avenue
	Melbourne Village, FL 32904
MGR	Name and Address:  Stephen N. Seiler  5770 Live Oak Avenue  Melbourne Village, FL 32904  Deborah B. Seiler
· · · · · · · · · · · · · · · · · · ·	5770 Live Oak Avenue
	Melbourne Village, FL 32904
<del> </del>	
(Use attachment if necessary)	2006 BBS_
	e date of filing: January 1, 2005—. (OPTIONAL to specific and cannot be more than five business days
days after the date of filing.)	re specific and cannot be more man nive business days

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.)

Deborah B. Seiler

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)