(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	Paradise Properties of Flor		<u>-</u>	
		(Name of Limited Liability Co	mpany)		
The e	nclosed Arti	icles of Organization and fee(s	) are submitted for filing.		
Please	e return all c	correspondence concerning this	s matter to the following:		
		John Key			
		(Name of Pe	erson)		
Law Offices of John Key, P.A.					
	(Firm/Company				
				2005 NOV 28 PH 3:	
417 St. Johns Avenue				S 2	
		(Address)		₹ 0°	
		Palatka, Florida 321	77	်ထ ဌိ	
	<u> </u>		e, Zip Code)	<b>32</b> P	
			•	မှာ 🕃	
For fu	ırther inforn	nation concerning this matter,	please call:	PH 3: 05	
Ial	n Vay		at ( 386 ) 326-0021		
	nn Key (Na	ame of Person)	(Area Code & Daytime Telephone Number)		
		1.0 11.011			
Enclo	sed is a chec	ck for the following amount:			
	[]	\$125.00 Filing Fee	[X] \$130.00 Filing Fee & Certificate of Status		
	[]	\$155.00 Filing Fee &	[] \$160.00 Filing Fee, Certif	ficate of	
	C	ertified Copy	Status & Certified Copy		
	(ac	lditional copy is enclosed)	(additional copy is enclosed)		
		ailing Address	Street/Courier Address		
		gistration Section	Registration Section		
		vision of Corporations	Division of Corporations		
		O. Box 6327	Clifton Building		
	ľa	Ilahassee, Florida 32314	2661 Executive Center Circle		
			Tallahassee, Florida 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Paradise Properties of Florida, LLC (Must end with the words "Limited Liability Company. "Limited Company" of	or their abbreviation "LLC," or "L.C.")		
ARTICLE II - Address:			
The mailing address and street address of the principal offi	ice of the Limited Liability Com	ipany	is:
Principal Office Address:	Mailing Address:		
1745 State Road 100	1745 State Road 100		
Melrose, Florida 32666	Melrose, Florida 32666		
(The Limited Liability Company cannot serve as its own Registered Agent. You entity with an active Florida registration.)  The name and the Florida street address of the registered as   Law Offices of John Key, P.A.  Name	-	another business  SECKITARY  OLVISION OF CI  2005 NOV 28	
417 St. Johns Avenue			22 22 22 23 24 25 25 25 26 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27
Florida street address (P.O. Box NO)	_ ассеріаліе)	PH	POS FOS
Palatka, Florida 32177		3: 05	7
City, State, and Zip		25	ž
Having been named as a registered agent and to accept servi liability company at the place designated in this certificate, I have agent and agree to act in this capacity. I further agree to concept the proper and complete performance of my duties obligations of my position as registered agent as property of the prope	ereby accept the appointment as reomply with the provisions of all staces, and I am familiar with and acceptable for in Chapter 608, F.S	egiste uutes	red

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR <b>M</b>	Polly Caldwell
	1745 State Road 100
	Melrose, Florida 32666
(Use attachment if necessary)	
ARTICLE V: Effective date, if othe (If an effective date is listed, the date must be s the date of filing.)	r that the date of filing:(OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	
Boly 1	o Calduell = = =
Signature of à mer	ther or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
	astitutes an affirmation under the penalties of perjury RAP SAP SAP SAP SAP SAP SAP SAP SAP SAP S
Pall	Caldusell 300
1-14	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)