LOS 000/18567

SECRETARY OF STATE TALLAMASSEE, FLORIDA

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

Office Use Only



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12/05/05--01019--023 **160.00

COVER LETTER

TO: Registration Se Division of Co				FILED
SUBJECT:		imited Liability Company)	ZOOS SEC TALLA	TOTAL P 4: 40 RETARY OF STATE WHASSEE, FLORIDA
The enclosed Articles of	f Organization and fee(s)	are submitted for filing.		LILLURIDA
Please return all corresp	ondence concerning this	matter to the following:		
	CERALT	PAL		
		(Name of Person)		
 		(Firm/Company)		
3	MEDALIST	COURT		
-		(Address)		
Row	783W AGO	FLORIDA	1 3394	7
		(City/State and Zip Code)		
For further information	concerning this matter,	dease call:		
		_		
CERAN	2 Ser	at (941)	204 1057 Daytime Telephone Number	-
{Name	e of Person)	(Area Code & 1	zaytime Telephone Number	r)
Enclosed is a check for	or the following amoun	nt:		
\$125.00 Filing Fee	\$130.00 Filing For Certificate of Status		Certificate of Certified C	of Status &
	Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Buildi	ection orporations ing ve Center Circle	

	FII E
ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
ADDICE	2005 DEC -5 P
ARTICLE I - Name: The name of the Limited Liability Compa	SECO
PAL DEVELOPM	CATS 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:	Mailing Address:
3 MEDALIST COURT	3 Medalist Ct.
ROTOVA WEST	Rotonda West
HOKIDA 33947	Florida 33947
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another

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

Name

Name

Name

Name

Name

Name

None

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

Rossia west fl 33447

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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manag	er or Managing Member is as follows:	FIL
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2005 DEC -5
Mar	3 MEDALIST COURT	SECRETARY CALLAHASSEE,
	POWDA WET FL 33	
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)		PPTIONAL) iness days prio
REQUIRED SIGNATURE:		
Signature of a member	or an authorized representative of a member.	
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury	
<u>aeem</u>	D PAL	
	ned or printed name of signee	
Filing Fees:	simplifier and Design of the	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	-	