(Req	uestor's Name)	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: G-2 H		Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
BLAINE (C. DICKENSON, I	ESQ.	
	C	Name of Person)	
DICKENS	SON, REX AND S	LOAN, P.A.	
	 	Firm/Company)	
980 Nort	h Federal Highw	av. Suite 410	
		(Address)	
Boca Ra	ton, Florida 334	32	
<u>Doda Na</u>	· · · · · · · · · · · · · · · · · · ·	(State and Zip Code)	-1
For further information	concerning this matter, please	call:	AT VENERAL AND A SECOND OF THE
Blaine C. Dick	enson	_{at (} 561) 391-19	000
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
The name of the Shaked Shaking Company	AMI	
G-2 HOMES, LLC		
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
1355 West Palmetto Park Rd., #261	1355 West Palmetto Park Rd., #20	61
Boca Raton, Florida 33486	Boca Raton, Florida 33486	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	Sold Co
Blaine C. Dickenson,	Esq.	公式 O /m
Na	ame	
980 North Federal H		P1112: 38
	address (P.O. Box <u>NOT</u> acceptable)	ယ
Boca Raton	FL 33432	
City, Sta	ite, and Zip	
Having heen named as registered agent and	to accept service of process for the abo	nue stated limited

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. Yfurther 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 of provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Grant L. Freer
	1355 W. Palmetto Park Road, #261
	Boca Raton, Florida 33486
MGRM _	GIA M. MARTINEZ
	1355 W. Palmetto Park Road, #261
	Boca Raton, Florida 33486
-	
	ا الرحاد
	(A) (A)
(Use attachment if necessary)	35.50 0
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CLE V: Effective date, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business day
To days after the date of filing.)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 698-408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)