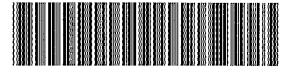
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# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	LAKE	BREEZE RV PARK, LLA	2	
50.50		(Name of Limited	d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	KARLA SPAI	ULDING, MANAGER		
			Name of Person)	
	2095 Old 1	Lakeport Road	<del>_</del> .	
	(Firm/Company)			
	Lot 18A			
			(Address)	
	Moorehave	n I	Florida	33471
		(City	/State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	8 (lephone Number) CORIL
KARLA SPAULDING		at ( 863 ) 946-371	8	
Enclo	`	of Person) or the following amount:	(Area Code & Daytime Te	lephone Number)
\$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE BREEZE RV PARK, 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:				
Route 6 #800B	11394 Burns Road				
Lot #13 Okeechobee, FL. 34974	California, Kentucky 41007	<del></del>			
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:					
Gussie E	Pitts	<u>`</u> `} ₹			
	Name	55 55 55 55 55 55 55 55 55 55 55 55 55 5			
Route 6 #	#800B Lot 13	<u> </u>			
Florida street address (P.O. Box NOT acceptable)					
Okeechobee	e 34974 FL				
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)

GUSSIE PITTŠ

(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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Karla A. Spaulding
	11394 Burns Road California, Kentucky 41007
	O6 FEB ~
(Use attachment if necessary)	-9 PM 2:
ARTICLE V: Effective date, if other than the da If an effective date is listed, the date must be s so or 90 days after the date of filing.)	ate of filing: (OPTIONAL). specific and cannot be more than five business days prior
DECHIDED SIGNATUDE.	

#### 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.)

KARLA A. SPAULDING

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)