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(Requestor's Name)				
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(C	ity/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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(B:	usiness Entity Nan	ne)		
(D	ocument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

	ration Section on of Corporations				
SUBJECT:	SERPA PRO	PERTY e of Limited Lia	MANAGEM bility Company)	ENT LLC	
The enclosed A	rticles of Organization and	fee(s) are submi	tted for filing.		
Please return al	l correspondence concernin	g this matter to t	he following:		
CI	ARLOS SI	ERPA			
		(Name	of Person)		
			MANAGEMEN	IT LLC	
		(Firm	(Company)		~ 3
23	37 EH	Poudo	S DRIVE		2006 FF S
		(A	ddress)		3
<u> </u>	OEE, FL	. 34	761	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-9 F
	,	(City/State	s and Zip Code)		Pid 3:
For further info	rmation concerning this ma	itter, please call:			3: 08
CARLOS SERPA at (407) 294, 4317 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Fili	ng Fee S130.00 Fil Certificate of S	Status C	\$155.00 Filing Fee & crtiffied Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Sec Division of Cor	tion.	Street/Courier Addres Registration Section Division of Corporation	•	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	.s:
SERPA PROPERTY (Must end with the words "Limited Liability Company, "Lin	MANAGEMENT LLC nited 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:
2337 EH POUNDS DR. OCNEE, FL. 34761	2337 EH POUNDS DR OCOEE, FL. 34761
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another

MIGDALIA MARTIN

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

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

WINTER GARDEN FL 34787

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

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:	
MGRM	_	CARLOS SERPA 2337 EH POUNDS D OCOEE, FL. 34761	DR.
			2006 FEB - 9 PM
	_		-9 PH 3: 08
(Use attachment if	necessary)		
ARTICLE V: Effective da (If an effective date is liste to or 90 days after the date	d, the date must be sp	e of filing: (O	PTIONAL) ness days prior
REQUIRED SIG	Den	e L	
(In accordance with section	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution	
C	that the facts stated herei		
	Typed	SER_PA or printed name of signee	
Filing Fees:			
of Regist \$ 30.00 Certified	e for Articles of Organiza ered Agent Copy (Optional) e of Status (Optional)	tion and Designation	

ARTICLE IV- Manager(s) or Managing Member(s):