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(Req	uestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to Fi	lling Officer:			
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EFFECTIVE DATE				
2-15-06				

Office Use Only





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COVER LETTER

TO: Registration Sect Division of Corpo				
surrect: Empedi	rado Palms HOA,	LLC		
(Name of Limited Liability Company)				
The enclosed Articles of C	Organization and fee(s) are su	abmitted for filing.		
Please return all correspon	ndence concerning this matter	r to the following:		
William E.				
	()	Name of Person)		
Empedrade	o Palms HOA, Li	LC		
	(I	Firm/Company)		
3220 West Empedrado Street				
		(Address)		
Tampa, F	lorida 33629-7°	108		
	(City/	State and Zip Code)		
For further information co	oncerning this matter, please of	call:		
William E. McKe	ee	at (813) 220 - 99	974	
(Name of	Person)	at (813) 220 - 99 (Area Code & Daytime Te	lephone Number)	
Enclosed is a check for	the following amount:			
	\$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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	us	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi		ny is:	
Empedrado Palms Must end with the words "L		"Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - Addr	ess:		
		the principal office of the Limited Lie	ability Company is:
Principal Office Add	ress:	Mailing Address:	
3220 West Empedrado	Street	5032 Tampa West Blvd	
Tampa, Florida 33629-		Tampa, Florida 33634	
The Limited Liability Comp business entity with an activ	any cannot serve as its own e Florida registration.)	stered Office, & Registered Agent's a Registered Agent. You must designate an indivi-	
10/	illiam E. McKee		8
Name		L. S. Tang	
32	3220 West Empedrado Street		
	Florida str	eet address (P.O. Box NOT acceptable)	
Ta	mpa	FL 33629-7108	
	City,	State, and Zip	
Having been named a	ns registered agent a	nd to accept service of process for the a	***

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.

William & McKee

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: Title: "MGR" = Manager "MGRM" = Managing Member MGR William E. McKee 3220 West Empedrado Street Tampa, Florida 33629-7108 MGR Michael B. Whitt 5032 Tampa West Blvd Tampa, Florida 33634

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 15, 2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

William E. McKee

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)