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SECULIARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palm 3 capes L.L.C. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E. UiCtoria MC Carty (Name of Person) Palm scapes L.L.C (Firm/Company)	3
Palmscapes L.L.C Firm/Company)	
(Firm/Company) 13190 Madison Avenue (Address)	
City/State and Zip Code)	
For further information concerning this matter, please call:	
E. Victoria MC Carty at (727) 588-2679 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\square \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Palm scapes L.L-C. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LTC," or "LT
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
13190 Madison Ave. 1901-17 West Bay Dr. Largo, FL 33773 Largo, FL 33770
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:
E. Uictoria McCarty
Florida street address (P.O. Box NOT acceptable)
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

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Manager and address of each Manager	aging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Samuel N. Myers MGR	Samuel N. Myers 13190 Madison Ave Largo, FL 33773
JERRY F. Wandling MGR	JERRY F. Wandling 13190 Madison Auc. Laego, FL 33773
(Use attachment if necessary) RTICLE V: Effective date, if other than the an effective date is listed, the date must b or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
Signature of a member	orea McCarles er or an authorized representative of member.
	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
E. Vict	yped 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)