LO6000034902

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	∍ #)		
PICK-UP	MAIT WAIT	MAIL		
(Bu:	siness Entity Nan	ne)		
(Do	cument Number) Certificates	of Status		
Special Instructions to I	Filing Officer:	LC		
EFFECTIVE DATE 3-20-06				
	Office Use On	lv		



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M. HODGES

Wde-15013

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ст:	Id wood (Name of Limite	Development d Liability Company)	LLC	
The enc	losed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please r	eturn all corres	pondence concerning this matte	er to the following:		
-	Patty	HARRIS /	william HARR Name of Person)	us mar	
-	Gold	Pock Dy	Firm/Company)		
	803	old mission	- f c		
		_	(Address)		
_	New Smyrup Boach, 77. 32168 (City/State and Zip Code)				
For furt	her information	concerning this matter, please			
$Q_{\mathbf{c}}$	Name (Name	QERISON)	at (386) 424. (Area Code & Daytime Te	7332 dephone Number)	
Enclose	ed is a check fo	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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	28	



March 29, 2006

PATTY HARRIS GOLD ROCK RV PARK 803 OLD MISSION ROAD #6 NEW SMYRNA BEACH, FL 32168

SUBJECT: WILDWOOD DEVELOPMENT LLC

Ref. Number: W06000015073

We have received your document for WILDWOOD DEVELOPMENT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A Limited Liability Company has Managers or Managing Members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 106A00021323

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

PAGE 05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Malling Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as in 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:

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited licibility company or the place designated in this certificate, I hereby accept the appointment as registered agent and agent 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 dunes, 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

PR-04-2006 01:11 PM

ARTICLE IV- Managar(s) or Managing Member(s): The name and address of each Manager or Managing Mamber is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" - Managing Member Presidous	Part Horris
Vice President	Lilliam C. Hazzig Rozold musica Rd Ith Low Smyara Book II 3216
The state of the s	
(Use attachment if necessary)	
TICLE V: Effective dute, if other than to an effective dute is listed, the date mount i	e date of filing. 3.22.0 (OPTIONAL) be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filling.)

Signature of a momber or on authorized representative of a member.

(In accordance with entire 608.408(3), Florida Suntage, the execution of this document constitutes as sufficient under the puncillar of porjury that the facts stated beguin are true.)

Typed or printed name of signer

Piller Fear

\$125.60 Filing Pes for Articles of Organization and Designation of Registered Agent

- \$ 39.90 Certified Capy (Optional)
- 3 5.05 Cartificate of Status (Optional)

Page 2 of 2