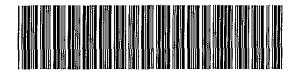
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Opecial instructions to 1 ming Officer.			

Office Use Only



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04/03/06--01037--024 **125.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: UNDE Vagan Redevelopment, LLC (Name of Limited Liability Company)		
The enc	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter to the following:		
	YOLANDA UNROE (Name of Person)		
-	(Name of Person)		
_	(Firm/Company)		
	7500 Par F. Historia Cia		
_	7500 Pacific Heights Cir (Address)		
ORLANDS, FL 32835 (City/State and Zip Code)			
	(oily, black and 24 could)		
For furtl	ter information concerning this matter, please call:		
	VOL ANDS UNILOE at 407 445 - 0279 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclose	d is a check for the following amount:		
X \$125.	O0 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & 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 Corporations 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	is:
(Must end with the words "Limited Liability Company, "L	elopment, LLL
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7500 Pacific Reights Cir	
7500 Pacific Heights Cir OKLANOU FL 32835	SAME
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
YOLANDA UN	ne registered agent are:
Na	me 2 U
7500 Pacific	
Florida street	address (P.O. Box NOT acceptable)
OLLANDO	FL 32835
City, Sta	te, 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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:**

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee