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(Re	equestor's Name)	
(Ad	idress)	
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	cr: Secon	d Chance Proper	ties, LLC	<u></u>
		(Name of Limited	d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	10 PM
	Cristina V			T T
		O	Name of Person)	2006 APR-7 PH 4: 42
	7, , , , , , , , , , , , , , , , , , ,	(Firm/Company)	m: *
	4500 NV	/ 165 Street		LORD LORD
			(Address)	アデ
	Reddick,	Florida 32686		
		(City.	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Cris	tina Vanthi		at (352) 207-08	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:		
\$125	5.00 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	ons r Circle

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY CONTRANY
ARTICLE I - Name:	10000000000000000000000000000000000000
The name of the Limited Liability Company is:	The state of the s
The name of the Emmed Elability Company is.	The state of the s
	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Second Chance Properties, LLC	<u> </u>
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
the mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4500 NW 165 Street	4500 NW 165 Street
Reddick, Florida 32686	Reddick, Florida 32686
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Cristina Vanthul	•
Name	
4500 NW 165 Street	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Reddick	FL 32686
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete pergacept the obligations of my position as registed.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	re (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	Name and Address: Cristina Vanthul
MGRM	Cristina Vanthul
	4500 NW 165 Street
	Reddick, Florida 32686
MGRM	Robert Vanthul
	4500 NW 165 Street
	Reddick, Florida 32686
MGRM	Victor Farinas
And the state of t	2810 SE 8 Street
	Ocala, Florida 34471
MGRM	Kelly Farinas
	2810 SE 8 Street
	Ocala, Florida 34471
(Use attachment if necessary) [CLE V: Effective date, if other than	
CLE V: Effective date, if other than effective date is listed, the date muse days after the date of filing.)	
CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: (OPTIONAL
CLE V: Effective date, if other than effective date is listed, the date muse days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date muse days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL
CLE V: Effective date, if other than effective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document contents)	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date muse of days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of that the facts stated)	the date of filing: (OPTIONAL st be specific and cannot be more than five business days The section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
CLE V: Effective date, if other than effective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document contents)	the date of filing: (OPTIONAL st be specific and cannot be more than five business days The section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)