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Certified Copies :	Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only

J. BRYAN APR 1 1 2006



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: PRANIEN OCALA NOAL ESTATE, LLC
(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:
MR. MICHAFT G. LAMIA (Name of Person)
The state of the s
HIGHTECHGIANI, INC. (Firm/Company)
(Firm/Company)
11555 HMOU BAY BWD # 308
(Address)
CONAL SPAILLES, FL. 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL LAMIN " 954, 752-6028 x 201
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Status} \ \ \text{Certified Copy} \ \ \ \ \text{(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 LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: (Must end with the words "Limited Liabílity Company, "Limited Company" or their abbreviation "LLC," or "L.C. **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** .. Mailing Address: 12607 NW 68 DNINE 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: 12607 NW 68 VNVE Florida street address (P.O. Box NOT acceptable) PARKUND, FL 33076 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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MONM	STEPHANIE LIMIA 311AH18573
	STEPHANIE UMIA STEPHANIE UMIA STEPHANIE UMIA STEPHANIE UMIA STEPHANIE UMIA STEPHANIE UMIA
MGAM	Service Services &
110011	DANIEZ LAUSON
	OUNTRO EC STELL
MGR	WICHULD CAMIN
	PANKLYLIN, FL. 32076
MGN	PAMICIA LAMIA
	12607 NW 68 MINE
	BWK18410, ET. 33218
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
(If an effective date is listed, the date musto or 90 days after the date of filing.)	t be specific and cannot be more than five business days prior
to or 70 days arees the date or ming.)	
REQUIRED SIGNATURE:	
Stephonis) Somial

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.)

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)