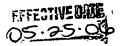
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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PROPERTY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

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	REEN ACRE (Name of Limited L	ES II '	
The enclosed Articles	of Organization and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
Jane	He Derby-	Andylar me of Person)	
DER		BUILDING S	0005Ty_
558		AKLAND (Address)	RK BLVD
LAVO	ERHILL (City/St.	FL 3331 S ate and Zip Code)	
For further information	concerning this matter, please cal	11:	
STANST	76 at	954, 733-	6463
(Nam	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: OS-25-06 (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 principal office of the Limited Liability	Compan	y is:		
Principal Office Address: Mailing Address: Mailing Address: SAM LAUDGEHILL FL 33313	EA GPL	で マ		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:	`	جهر		
DERBYSHIELD BUILDING S	20C1	916		
5582 W. OAKLAND RACK F Florida street address (P.O. Box NOT acceptable) LAVDERHILL FL 333(3) City, State, and Zip	3LVI)		
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 Agents Signature (REQUIRED)	2- NNF 90	DIVISION OF CO		
(CONTINUED)	AH 10: 56	OF STA		
(CONTINUED) Page 1 of 2	56	WOLL VIL		

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 "MGRM" = Managing Member	Name and Address:
MGR	JANETTE DERBY- ANDUPAR 1400 SW 9th ST PLANTATION, FL 33317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/25/06. (OPTIONAL) (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

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.)

JANETTE DERBY- AND

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)