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## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT:	MANATEE HOME (Name of Limite	BUYERS, LLC d Liability Company)		
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
M	Ronald Fishkind			
Cl	JRTIS TAXX ADVI	SORS, LLC (Firm/Company)	2006 JUN 14 AM 11: 00 2006 JUN 14 AM 11: 00 SECRETARY OF STATE TALLAHASSEE, FLORID	1
60	05 Sarasota Quay		TARY	TEL
S	arasota, FL 3423	(Address)  6  /State and Zip Code)	F STATE A	Ĭ.,
For further information	on concerning this matter, please	call:		
	ld Fishkind me of Person)	at ( 941 ) 953-66 (Area Code & Daytime T	02, Ext. 105 elephone Number)	
Enclosed is a check	for the following amount:			
▼ \$125.00 Filing Fe	e \$\sum \$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	ons .	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

	ability Company, "Limited Company" or their abbreviation "LLC," or "L.C.	.,")
<b>ARTICLE II - Address:</b> The mailing address and stree	et address of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
11494 Summit Rock Court	11494 Summit Rock Court	
Parrish, FL 34219	Parrish, FL 34219	- <u>-</u>
	BARRY E. OVERSTREET  Name	2006 JIE 1
1	1494 Summit Rock Court	度」「
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	Parrish FL 34219 City, State, and Zip	· 8
liability company at the pl registered agent and agree to statutes relating to the prop	tered agent and to accept service of process for the above s lace designated in this certificate, I hereby accept the appoint of act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiamy position as registered agent as provided for in Chapter	intment as ovisions of all iar with and

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM BARRY E. OVERSTREET 11494 Summit Rock Court Parrish, FL 34219 (Use attachment if necessary) . (OPTIONAL) **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: 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.) BARRY E. OVERSTREET 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)