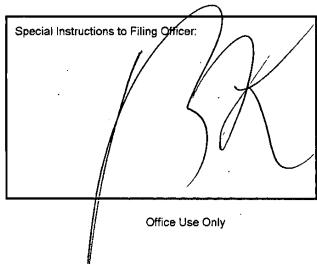
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(Requestor's Name)
(Address)
- 10 (10 )
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Scomoco Emai, Harris)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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JUN 26 AM 9:



ACCOUNT NO. : 07210000032
REFERENCE: 205425 7375564
AUTHORIZATION:
COST LIMIT : \$ 155.00
ORDER DATE: June 26, 2006
ORDER TIME: 1:08 PM
ORDER NO. : 205425-010
CUSTOMER NO: 7375564
DOMESTIC FILING
DOMESTIC FILLING
NAME: ORLANDO LAND DEVELOPERS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Carina L. Dunlap - EXT. 2951
EXAMINER'S INITIALS:
<del></del>

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Orlando Land Developers		
(Must end with the words "L	imited Liability Comp	oany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Addre	ess:	
The mailing address a	nd street address	of the principal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
3577 Luke Emma Road,	<b>#141</b>	3577 Lake Emma Road, #141
Lake Mary, Florida 32746	G	Lake Mary, Florida 32746
ARTICLE III - Regi	stered Agent, R	egistered Office, & Registered Agent's Signature
(The Limited Liability Comp business entity with an activ The name and the Flor	any cannot serve as its ve Florida registration. rida street addres	s own Registered Agent. You must designate an individual of mother () ss of the registered agent are:
(The Limited Liability Comp business entity with an activ The name and the Flor	any cannot serve as its ve Florida registration.	s own Registered Agent. You must designate an individual of mother () ss of the registered agent are:
(The Limited Liability Comp business entity with an activ The name and the Flor	nany cannot serve as its ve Florida registration.  rida street address or portion Service C	s own Registered Agent. You must designate an individual of mother of the registered agent are:  Company  Name  Name
(The Limited Liability Comp business entity with an activ The name and the Flor	nany cannot serve as its ve Florida registration.  rida street address or portion Service C	s own Registered Agent. You must designate an individual of mother () ss of the registered agent are:
(The Limited Liability Comp business entity with an active The name and the Floring Company Co	nany cannot serve as its ve Florida registration.  rida street address or portion Service C	s own Registered Agent. You must designate an individual of mother of the registered agent are:  Company  Name  Name

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..

Corporation Service Company

Carina L. Dunlap Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Arthur L. Gallagher
	3577 Lake Emms Road, #141
	Lake Mary, Florida 32746
(Use attachment if necessary)	
	n the date of filing:
ICLE V: Effective date, if other than	n the date of filing: (OPTIONAL ist be specific and cannot be more than five business days
ICLE V: Effective date, if other than	n the date of filing: (OPTIONAL ist be specific and cannot be more than five business days
ICLE V: Effective date, if other than a effective date is listed, the date mu	n the date of filing: (OPTIONAL ist be specific and cannot be more than five business days
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.  REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL ist be specific and cannot be more than five business days ember or an authorized representative of a member.
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mu (In accordance will of this document)	ist be specific and cannot be more than five business days

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)