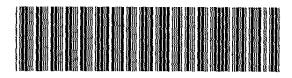


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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

TED

COVER LETTER

Division of Corporations				
SUBJECT: APV INVE	estments.	III, LLC	-	
	(Name of Limited L			
The enclosed Articles of Organization	i and fee(s) are subn	nitted for filing.		
Please return all correspondence cond	erning this matter to	the following:		
Alex Vugn.	en _			: 4
7	(Nan	ne of Person)	是是事	71
Alex Vugn. A&G PROPERT	ies, LLC		PRE SE	_= .
	(Fin	n/Company)	SERVICE	m T
1821 FOREST	Glen W	144		O
	(Address)	92 5	
Ct Duone Sin	. FL 320	92	Dm -	
St. Augustin.	(City/Sta	te and Zip Code)		- ; -
For further information concerning the	is matter, please cal	:		
Alex Vugnas (Name of Person)	,	904 614-8	3989	
(Name of Person)	at	(Area Code & Daytime To	elephone Number)	· · ·
Enclosed is a check for the follow	ing amount:			
\$125,00 Filing Fee \$130.0 Certificate	of Status (\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	\$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclose	&
P.O. Box	n Section f Corporations	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APV Investments III, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the pr	rincipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
1821 FOREST Glen WAY	1821 FOREST GIEN WAY	ie .
St Augustine, H 52092	1821 FOREST GIEN WAY St. AUGUSTINE, FL 22092	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or emother	
The name and the Florida street address of the r A & G PROPE A Name		D
1821 FOREST O		
	dress (P.O. Box NOT acceptable)	= .*
St. Augustine City, State, 7	FL 32 092 and Zip	. *
registered agent and agree to act in this capacity statutes relating to the proper and complete pe	this certificate, I hereby accept the appointme ty. I further agree to comply with the provisio	ent as ons of all ith and

(CONTINUED) Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGR	A& G Properties, LIC 1821 FOREST GIEN WAY St. Augustine, Fl 32 092 ECT ECT ECT ECT ECT ECT ECT EC
	TOP STATE SI
(Use attachment if necessary)	
	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
Signature of a	member or an authorized representative of a member.
(In accordance of this docume that the facts	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)
<i>H</i>	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)