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(Req	uestor's Name	e)	
(Add	ress)		
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(City	/State/Zip/Pho	ne #)	·
PICK-UP	WAIT		MAIL
(Bus	iness Entity N	ame)	
(Doc	ument Numbe	er)	
Certified Copies	Certificat	es of	Status
Special Instructions to F	iling Officer:		
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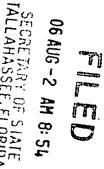
Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Likes Like Oaks, LCC	- -
	A Second
	77 79
	Art of Inc. FileLTD Partnership File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
•	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Orginical C	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date $\frac{2.30}{\text{Time}}$	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walls In Will Diels II.	1 .

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Compan	ly is:			
Lakes Live Oaks, LLC	SSE			
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
125 Calhoun Ct	425 Calhoun Ct.			
The Villages, Fl 32162	The Villages, F1 32162			
ARTICLE III - Registered Agent, Registered Agent, Registered Registered address of	tered Office, & Registered Agent's Signature:			

Randall N. Thornton Name 3021 N. C-470 Florida street address (P.O. Box NOT acusptable) Lake Panasoffkee FlFL 33538 City, State, and Zip

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 Agent's Signature

(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:

<u>Ndei</u> "MGR" ≃ Mentger	Name and Address:	
'MORM" = Managing Member		
MGRM	Stevan A. Olivid	ra -
	425 Calhoun Ct.	
	The Villages, P.	75795
	:	
	A	
(Lice attachment if necessary)		
NOTE: An additional article must	be added if an effective da	e in requested.
required signature:		
Sterstori of a month	er an entherized representative	s of a member.
(Da accordance with san	tipe 602.408(3), Florida Statues, tures an affirmation open the pea	the axeculton
ALC AND AND COURT PROPERTY IN		
	ped or prised name of rigate	

Piling Free

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agest
5 30.00 Certified Copy (Optional)
5 3.00 Certificate of Status (Optional)