

Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO

Natural Habitat Cabins and Cottages LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

NATURAL HABITAT CABINS AND COTTAGES LLC

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

35344 SARAH LYNN DR APT 104

DADE CITY, FL 33325

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

LEON ELT

35344 SARAH LYNN DR APT 104

DADE CITY, FL 33325

Having been named as registered agent 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.

X

LEONID ELT / REGISTERED AGENT'S SIGNATURE

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NATURAL HABITAT CABINS AND COTTAGES LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

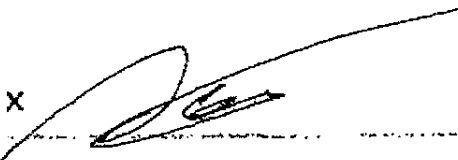
MANAGING MEMBER:

LEONID ELT

35344 SARAH LYNN DR APT 104

DADE CITY, FL 33325

X



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.)

LEONID ELT

Typed or printed name of signee

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