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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TILED

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	182 Chippendale Joint Venture LLC	
	(Name of Limited Liability Company)	•
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Thomas J, Sehler	
•	(Name of Person)	
	THOMAS & CO.	
•	(Firm/Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	P.O. Box 5174	
•	(Address)	Tigger of the second of the se
	Arlington, VA 22205	
•	(City/State and Zip Code)	₹. ÷.
For fur	er information concerning this matter, please call:	<u>П</u>
	T homas Sehler at (703) 969-5520 (Name of Person) (Area Code & Daytime Telephone Number)	7
Enclos	d is a check for the following amount:	7
□ \$125	00 Filing Fee X \$130.00 Filing Fee & Status Status Certificate of Status Certified Copy (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

182 Ch	ippendale Joint Venture LLC
	rds "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A	Address: ess and street address of the principal office of the Limited Liability Company
The maning addi	ess and succe address of the principal office of the Elimica Elability Company
Principal Office	Address: Mailing Address:
544 Carriga	n Avenue Oviedo, FL 32765
A NORTH COLUMN THE	
ARTICLE III -	Registered Agent, Registered Office, & Registered Agent's Signature:
t the Limited Liability	Company cannot serve as its own Registered Agent. You must designate an individual or another.
(The Limited Liability business entity with a	Company cannot serve as its own Registered Agent. You must designate an individual or another an active Florida registration.)
business entity with a	n active Florida registration.)
business entity with a	e Florida street address of the registered agent are:
business entity with a	Raren P. Wengren
business entity with a	e Florida street address of the registered agent are:
business entity with a	Raren P. Wengren Name 544 Carrigan Avenue Oviedo, 257 32765
business entity with a	e Florida street address of the registered agent are: Karen P. Wengren Name Nam
business entity with a	Raren P. Wengren Name 544 Carrigan Avenue Oviedo, FL 32765 Florida street address (P.O. Box NOT acceptable)
business entity with a	Raren P. Wengren Name 544 Carrigan Avenue Oviedo, 257 32765
business entity with a	Raren P. Wengren Name 544 Carrigan Avenue Oviedo, FL 32765 Florida street address (P.O. Box NOT acceptable)
business entity with a The name and the Having been na liability comp	Florida street address of the registered agent are: Karen P. Wengren Name Name
Having been na liability compregistered agent	Raren P. Wengren Name 544 Carrigan Avenue Oviedo, PL 3265 Florida street address (P.O. Box NOT acceptable) FL City, State, and Zip med as registered agent and to accept service of process for the above stated limit only at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of
Having been na liability compregistered agent statutes relating	Florida street address of the registered agent are: Karen P. Wengren Name Name

(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:

**MGRM" = Managing Member **MGRM	Title: "MGR" = Man		Name and Address:		
(Use attachment if necessary) LEV: Effective date, if other than the date of filing: March 1, 2007 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) REQUIRED SIGNATURE: (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.) KARIN LEW GREN Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		ianaging Member	Karen P. Wenerer		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: March 1, 2007 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days priod days after the date of filing.) REQUIRED SIGNATURE: (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.) KARIN WAR GREN Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR		Rolen 1, wenglen		
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