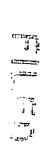
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| (Requestor's Name) | _ |
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| (Address) | _ |
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| (City/State/Zip/Phone #) | _ |
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| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | ٦ |
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Office Use Only



03/15/07--01014--002 **125.00



COVER LETTER

| TO: Registration Sec Division of Cor | | | | | |
|---|---|---|--|---|---------------|
| SUBJECT: | IDECAMP H | | · | | |
| | (Name of Limite | d Liability Company) | | | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing. | | | |
| Please return all correspo | ondence concerning this matte | er to the following: | • | | |
| WILLIA | M LINDEC | | , to the same of t | | |
| | (| Name of Person) | | | |
| LIND | ECAMP HO | OMES L.L. | . Au | . 0 | |
| | (| (Firm/Company) | | 7 HJ | Summ (|
| 368 | RENOIR | DRIVE | 25 25 | ======================================= | 75 <u>.00</u> |
| | | (Address) | | ् | Fe as ind |
| OSPF | REY FL | | | | 9(U |
| | (City | /State and Zip Code) | RID. | 20 | 7.00 |
| For further information c | concerning this matter, please | call: | | | |
| 1/ | / | ~~~ ~~~ | | | |
| WILLIAM | LINDECAMP of Person) | at (816) 896 (Area Code & Daytime To | - 7338 | | |
| (Name) | or resour | (Area Code & Daytime 1) | elephone (value) | | |
| Enclosed is a check for | r the following amount: | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of Statu Certified Copy (additional copy is encl | s & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 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

| ARTI | CLE | I - | Name: |
|------|-----|------------|-------|
|------|-----|------------|-------|

The name of the Limited Liability Company is:

LINDECAMP HOMES L.L.C.

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

ARTICLE II - Address:

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

| rincipal Office Address: | Mailing Address: | | | |
|-------------------------------------|------------------|--|--|--|
| 368 RENOIR DRIVE OSPREY FL 34229 | 368 RENOIR DRIVE | | | |
| OSPREY FL 34229 | OSPRFY FL 34229 | | | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

WILLIAM LINDECAMP

Name

368 RENOIR DRIVE

Florida street address (P.O. Box NOT acceptable)

OSPREY

City, State, and Zip

PART SECRETARY

SECR

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 (REQUIRED)

(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: "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | WILLIAM LINDECAMP 368 RENOIR DRIVE OSPREY FL 34279 |
| | |
| | |
| | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.) | ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| W | 20 |
| Signature of a mem | ber or an authorized representative of a member. |
| (In accordance with of this document conthat the facts stated | section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true. |
| WILL | Typed or printed name of signee |
| Filing Fees: | STATE ORID |

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

- \$ 5.00 Certificate of Status (Optional)