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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limite	tus Lability Company)	<u></u>
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
	angelo	Soft (Name of Person)	60 g
	Taxa C	Statis, L	LC
	00 NW	15 Areni	ul
P	mane a	Geach, F	1 33069
	/ (City	/State and Zip Code)	EECS DI H
For further information of	concerning this matter, please	call:	AN TENANT
lingeli	Salr.	at (954) 240	- 20975 R
/ (Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		9m <u>1</u>
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1100 NW 15 AKENUL Forfano Desel Pe	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
OSCAR 50 Name	to, Esq. 250 200.
	ress (P.O. Box NOT acceptable)
H. Laududala City, State, an	1 _{FL} 33308
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as
	. I further agree to comply with the provisions of all
	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signature	we (REOLURED)
registered regard of Originate	es (& a mm)

(CONTINUED) Page 1 of 2

S / DATE

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGBK	<u>N_</u>	lingela 50to aneno 1100 NW 15 12 Aneno Pompano Braces,	<u>L</u> FL 330
(Use attachmen CLE V: Effective effective date is 1 00 days after the	e date, if other than th	ne date of filing: (0) be specific and cannot be more than five bus	OPTIONAL) siness days pri
CLE V: Effective	e date, if other than the isted, the date must date of filing.)	ne date of filing:	siness days pri
CLE V: Effective effective date is left of the control of the cont	e date, if other than the isted, the date must date of filing.) IGNATURE:	the date of filing:	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ANGELA D. SOTO 1100 NW 15TH AVENUE POMPANO BEACH, FL 33069

954-972-0026 X 16

Dear Sir/Madam:

Please find enclosed a check for \$125.00 for the filing fee of Tara Estates, LLC. I am the Managing Member. If you have any questions, I can be contacted at 954-240-2091 via my cell or at the above address.

Thank You,

NGELA SOTO

2007 MAY ILL PH I: L SECRETARY OF STATE