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



05/30/07--01038--021 **130.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Villa 201 LLC (Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Debra Holmes				
(Name of Person)				
(Firm/Company)				
1750 Robinson Rd SE (Address)				
GRAND Rapids MI 49506 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Debra Holmes at (Lolly) 356-2015 (Name of Person) at (Lolly) 356-2015 (Area Code & Daytime Telephone Number)				
Enclosed is,a check for the following amount:				
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Villa 201 LLC		
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Co.	mpany is:
Principal Office Address:	Mailing Address:	
5902 Oxford Moor Blvd. Windermere, 71 34786	1750 Robinson Rd SE Grand Rapids, MI 49	506
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signatur tered Agent. You must designate an individual or anoth	- :e: :er
The name and the Florida street address of the r	egistered agent are:	SEIVIS
Angela Hue	<u> </u>	ECRETAR SIOH OF C
_ 11205 Nie	word Dr.	P 70 90 00 00 00 00 00 00 00 00 00 00 00 00
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)	- 3g
Sanford	FL 32771	23
City, State, a	nd 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 (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 "MGRM" = Managing Member DCDCO Holme S

MGRM

Kathy Klingenberg
1950 Byzon Station Ct. Su
Byron Center, MI 49315

Richard Holmes
1750 Robinson Rd. SE
Grand Rapids, MI 49501

MCR Keith Klingenberg 1950 Byron Station Ct. Su Byron Center, MF 49315

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Debra Homes

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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