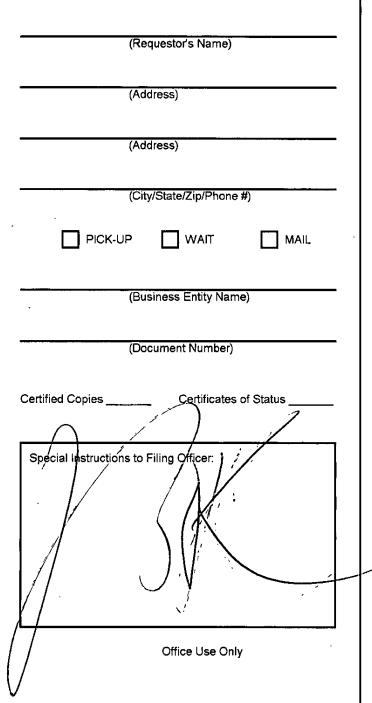
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SECRETARY OF STATE

TO ACKNOWLEGGE

RECEIVED
DEFARTMENT OF STATE
DIVISION OF CORF-GRATIONS

| TALLAHASSEE, FL<br>222-1173   | ENUE            | emerly CCRS)                 | >                           |
|-------------------------------|-----------------|------------------------------|-----------------------------|
| FILING COVER<br>ACCT. #FCA-14 | SHEET           |                              |                             |
| CONTACT:                      | TRICIA TA       | DLOCK                        | d . O.                      |
| DATE:                         | <u>06-05-07</u> |                              | PECCH THE THE               |
| <b>REF.</b> #:                | 001668.6958     | <u>2</u>                     | See A M                     |
| CORP. NAME:                   | IRVING LO       | OTS, LLC                     | E.F. ORIO                   |
| ( ) ARTICLES OF INCO          | PROPORATION     | ( ) ARTICLES OF AMENDMENT    | ( ) ARTICLES OF DISSOLUTION |
| ( ) ANNUAL REPORT             |                 | ( ) TRADEMARK/SERVICE MARK   | ( ) FICTITIOUS NAME         |
| ( ) FOREIGN QUALIFIC          | CATION          | ( ) LIMITED PARTNERSHIP      | (XX) LIMITED LIABILITY      |
| ( ) REINSTATEMENT             |                 | ( ) MERGER                   | ( ) WITHDRAWAL              |
| ( ) CERTIFICATE OF C          | CANCELLATION    |                              |                             |
| ( ) OTHER:                    |                 |                              |                             |
| STATE FEES PE                 | REPAID WI       | тн снеск# 521586             | FOR \$ <u>155.00.</u>       |
| AUTHORIZATI                   | ON FOR A        | CCOUNT IF TO BE DEBITE       | D:                          |
|                               |                 | COST LI                      | MIT: \$                     |
| PLEASE RETUR                  | RN:             |                              |                             |
| ( XX ) CERTIFIED CO           | OPY             | ( ) CERTIFICATE OF GOOD STAN | DING ( ) PLAIN STAMPED COPY |
| ( ) CERTIFICATE OF            | FSTATUS         |                              |                             |
| Examiner's Initials           | <b>.</b>        |                              |                             |

| ARTICLES OF ORG  | NIZATION FOR FLORIDA LIMITED LIABILITY COMPA   | NY     |
|--|--|--------|
| ARTICLE I - Name:  | 至"   | 10 5   |
|  | d Liability Company is:  | 20     |
|  | Irving Lots, LLC   |        |
| (Must end with the words "Li   | ited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")   |        |
| ARTICLE II - Addre<br>The mailing address a  | s:<br>I street address of the principal office of the Limited Liability Compan   | ny is: |
| Principal Office Add   | Mailing Address:   |        |
|  | y. #390 2801 W. Coast Hwy. #390  |        |
| Newport Beach,   |  |        |
|  |  |        |
| ARTICLE III - Rook   | ered Agent Registered Office & Registered Agent's Signature  |        |
| (The Limited Liability Compa<br>business entity with an activ                          | ered Agent, Registered Office, & Registered Agent's Signature: y cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  la street address of the registered agent are:                                      |        |
| (The Limited Liability Compa<br>business entity with an activ<br>The name and the Flor | y cannot serve as its own Registered Agent. You must designate an individual or another Plorida registration.)   |        |
| (The Limited Liability Compa<br>business entity with an activ<br>The name and the Flor | y cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  la street address of the registered agent are:   |        |
| (The Limited Liability Compa<br>business entity with an activ<br>The name and the Flor | y cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  la street address of the registered agent are:  orpDirect Agents, Inc.  Name   |        |
| (The Limited Liability Compa<br>business entity with an activ<br>The name and the Flor | y cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  la street address of the registered agent are:  orpDirect Agents, Inc.   |        |
| (The Limited Liability Compa<br>business entity with an activ<br>The name and the Flor | y cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  la street address of the registered agent are:  OURDITECT Agents, Inc.  Name  15 E. Park Avenue  |        |
| (The Limited Liability Compa<br>business entity with an activ<br>The name and the Flor | v cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  la street address of the registered agent are:  OrpDirect Agents, Inc.  Name  1.5 E. Park Avenue  Florida street address (P.O. Box NOT acceptable) |        |

(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:

| <u>Title:</u> "MGR" = M | lanager                      | Name and Address:   |
|-------------------------|------------------------------|---|
| "MGRM" =                | Managing Member              |   |
| MGR                     |                              | BFC Design, Inc.  |
|                         | <del></del>                  | 1210 Irving Avenue  |
|                         |                              | Lehigh Acres, FL 33972  |
|                         |                              |   |
|                         | <del></del>                  |   |
|                         |                              |   |
|                         |                              |   |
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|                         | <del></del>                  |   |
|                         |                              |   |
| ~.                      |                              |   |
| (Use attachm            | nent if necessary)           |   |
| CLE V: Effect           | tive date, if other than the | date of filing: (OPTION.  |
| ffective date i         | is listed, the date must be  | e specific and cannot be more than five business da   |
| ) days after th         | ne date of filing.)          |   |
|                         |                              |   |
| REQUIRED                | SIGNATURE:                   |   |
|                         | 16.11                        | 1119000   |
|                         |                              |   |
|                         | 2011                         | # tt 1 1/ 1/ 1/ 1/ 1/   |
|                         | Signature of a member        | r or an authorized ropresentative of a member.  |
|                         | (In accordance with sec      | or or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury |

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)

Scott A. Waage, authorized agent

Typed or printed name of signee