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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration : Division of Co	
SUBJECT: EA	9/4 Wood Villagel (Name of Limited Liability Company)
The enclosed Articles of	of Organization and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
Aldoc	A Stevens (Name of Person)
	/ (Name of Person)
	(Firm/Company)
1100 4	wood Fl. 34223
,	(Address)
(NG/e	wood, H. 34223
,	(City/State and Zip Code)
For further information	concerning this matter, please call:
Callerak	istouski at 941, 716-4886
(Name	at (Area Code & Daytime Telephone Number)
Fool and the state of the	
_	or the following amount:
\$125.00 Filing Fee	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courier Address
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

111

ARTICLE II - Address:	lity Company, "L.L.C.," or "LLC.")		
The mailing address and street address of the p	rincipal office of the Limited Liabili	ity Company	is:
Principal Office Address:	Mailing Address:		
1100 Yosemita Drive	50nP		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Sig stered Agent. You must designate an individual	gnature: or another	
The name and the Florida street address of the	registered agent are:	07	SE
The name and the Florida street address of the	registered agent are:	الا 07	SECRE DIVISION

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

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)