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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	cor: Harvest Real Estate Group LLC (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
-	Vaphet A. Oliphant (Name of Person)
	Harvest Real Estate Group, WC
-	2525 Mai Hand Crossing Way, #13104
-	Orlando, FL 32-810 (City/State and Zip Code)
	(1-1)
For furt	ther information concerning this matter, please call:
Yap	het A. Oliphant at (321) 277-3098 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
⊠ \$125.	00 Filing Fee \$\Bigcup \text{\$\subseteq}\sigma \$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 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:	
Harvest Real Estate Group (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2525 Mait land Crossing Way #13104 Orlando, FL 32810	2525 Mai Hand Crossing Way Delando, FL 32810
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
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liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all afformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

	r(s) or Managing Member(s): each Manager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing I	Vaphet A. Oliphant 2525 Mailland Crossing Way, #13124 Octando, FL32810	_
(If an effective date is listed, the to or 90 days after the date of fi	ther than the date of filing: September 4, 2007. (OPTIONAL) date must be specific and cannot be more than five business days prioring.)	r
REQUIRED SIGNATI	RE:	
Signati	re of a member or an authorized representative of a member.	
of this	rdance with section 608,408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury is facts stated herein are true.) Typed or printed name of signee	TI TI TI
Filing Fees:	ATE ARIDA	

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

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation