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(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)
Certified Copi es	Certificates of Status
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ACCOUNT NO. : 072100000032	
REFERENCE : 237771 7502033	
AUTHORIZATION Spullelena	10. 21
COST LIMIT : \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
ORDER DATE: September 20, 2007	THE SECOND
ORDER TIME : 3:47 PM	6. E.S.
ORDER NO. : 237771-005	ORIO 2
CUSTOMER NO: 7502033	ブ
·	
DOMESTIC FILING	
NAME: 8396 BORBONI COURT LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	X.
CONTACT PERSON: Troy Todd - EXT. 2940	
EXAMINER'S INITIALS:	

	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
8396 Borboni Court LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Alan Thomson	c/o Alan Thomson
24 Dockside Lane, PMB 430	24 Dockside Lane, PMB 430
Key Largo, FL 33037	Key Largo, FL 33037
The name and the Florida street address of to Corporation Service	TAS OT
144	工气 2
1201 Hays Street	
Florida street	t address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State, and Zip	
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated. Inited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.
Corporation Service BY: Registered Agent's Si	10am
()	

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Alan Thomson 24 Dockside Lane, PMB 430 Key Largo, FL 33037 MGR M. Patricia Thomson 24 Dockside Lane PMB 430 Key Largo, FL 33037 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Sherry Ellenzweig, Authorized Representative

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)