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O7OCT-3 PM 3:58 SECKETARY OF STATE TALLAHASSEE, FLORIGA

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	ARK Austen Junion 90/F, LLC. (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspon	ndence concerning this matter to the following:			
M;	lland Blanchard (Name of Person)			
MARK Austen Junior Goff, LLC (Firm/Company)				
	14 Denmark Drive FO 8			
Fle	(Address) HE CT ASSET ASSET (City/State and Zip Code) (City/State and Zip Code) RESTAIL ORDER ORDER			
 	(City/State and Zip Code)			
For further information concerning this matter, please call:				
MillAR of (Name of	R/anchaild at (904) 264 - 7808 (Area Code & Daytime Telephone Number)			
Enclosed is a check for t	the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Mark Austen Junior Folf LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
8999 Western Way Suite 100 Fleming Island FL JASKSENVIlle, FL 32256 32003			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Evelyn Gumabao STAY &			
Name To a series of the series			
Name 1794 Denmark Drive Florida street address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
Fleming Island FL 32003 City, State, and Zip			
City, State, and 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)

EFFECTIVE DATE 10-3/07 (CONTINUED Page 1062)

ARTICLE I - Name:

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" = Manager "MGRM" = Managing Member	Name and Address:			
MCRM	Mark Ansten 5051 Playpen Drive #10 Jackson Ville, FL 32210			
MGRM	Millard Phillip Blanchund PO Box 350486 Palm Coast FL 32135			
· —				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: October 3/, 2007. (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:				
Willand Philly Blankand 35 8 7				
Signature of a member or an authorized representative of a member S_{ij}^{A}				
(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.)				
	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)