## 107000107

/Ba	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

EFFECTIVE DATE 10-20-07



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## **COVER LETTER**

Division of Cor				
SUBJECT:	Name of Limited Liability	. C		
	(Number Dames Dates)	ompany)		
The enclosed Articles of	Organization and fee(s) are submitted for	r filing.		
Please return all correspondence	ndence concerning this matter to the follow	owing:		
MAR	k G. Lows			
•	(Name of Pers	on)		
Lou	Name of Person (Name of Person	2		
	(Firm/Compa	ny)	SE	07
77	19 // come A	•	CRE	000
	(Address)		ASS.	722
4	SIMMER, FZ. 347		EC EC	ŧ,
	SIMMER, FZ. 347	Code)	<del>- 20</del> ,	
	(Onyrotate and En	, code)	TATI ORII	
For further information co	oncerning this matter, please call:		ĎĀ	Ļ
On a				
MARK G.	Lowe at (40-	2 301-4 a Code & Daytime Tele	4632	
(Name c	f Person) (Are	a Code & Daytime Tele	phone Number)	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee [	Certificate of Status Certifie		\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	s &
			( sob) to asset	<del></del> ,
	Registration Section Reg Division of Corporations P.O. Box 6327 Clift Tallahassee, FL 32314 266	istration Section ision of Corporations from Building 1 Executive Center Ci lahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	7 is:	
Lowe PROPERTIES	LLC." or "LLC.")	
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
2313 CLAY ST.	2313 CLAY ST	
KISSIMMER, Fr. 34741	KISSIMMEE, Fr. 3	3474/
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	legistered Agent. You must designate an indivi	
The name and the Florida street address of the	he registered agent are:	TA TAS
MARK G.	Lowe	SEI 2
Na	nme	
2319 WIND	some DR.	AH II: 17
	t address (P.O. Box NOT acceptable)	BA 17
Kissinap	188 FL 34741	
	ate, and Zip	
Having been named as registered agent and	to accept service of process for the	ahove stated limited

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 10-20-07

**ARTICLE I - Name:** 

(CONTINUED)
Page 1 of 2

Title:		Name and Address:
<u>'MGR"</u> = Mana	ger	CLIPPONE TERM CANEERS NAME
"MGRM" = Mai	_	
MGR		Mari Ol
MON	- <del></del>	MARK G. LOWE 2319 WINDSONG DR.
		KISSIMMER FL 34741
_		K133/MM(CR, F2. 31/7)
MGRM		DEBBIE LAMB
		2319 WINDSONG DR.
		KISSIMMEE, FL. 34741
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		***************************************
	if nonogram)	
Use attachment	II HECESSALVI	
(Use attachment	n necessary)	
	• ,	late of filing: <u>/0-20-07</u> . (OPTIC
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LE V: Effective fective date is lis days after the da	date, if other than the dated, the date must be sate of filing.)  GNATURE:  Signature of a member of the date of the date must be sate of filing.	or an authorized representative of a member of the statutes, the execution Statutes an affirmation under the penalties of perjury.
LE V: Effective ective date is lis days after the da	date, if other than the dated, the date must be state of filing.)  GNATURE:  Signature of a member of this document constitutat the facts stated her	or an authorized representative of a member of the statutes, the execution Statutes 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)

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