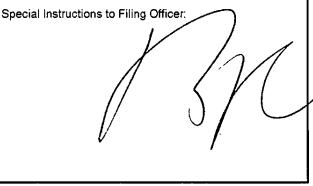
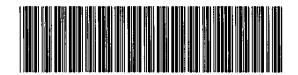
## L07000111084

	(Requestor's Name)		
,	(Address)	· · · · · · · · · · · · · · · · · · ·	
	(Address)		
<del></del>	(City/State/Zip/Phone #)	•	
PICK-UF	P WAIT	MAIL	
<del></del>	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of s	Status	
•			



Office Use Only



100108424081

OT NOV -1 PM 4: 15

DIVISION WASSELF FOR IDAS

O7 NOV - 1 AM ID: 10



ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION : C COST LIMIT : \$ 125.00 ORDER DATE: November 1, 2007 ORDER TIME : 3:53 PM ORDER NO. : 299390-005 CUSTOMER NO: 4335034 DOMESTIC FILING NAME: GULF COAST AMALFI AT TUSCANY RESERVE, LLC EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	A DOING AND
ARTICLE I - Name:	₹ 9 9 A
The name of the Limited Liability Company	is:
	芸して
Gulf Coast Amalfi at Tuscany Reserve	e, LLC
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	For F
	e principal office of the Limited Liability Company is:
The manning address and street address of the	c principal office of the diffited bladify Company is.
Principal Office Address:	Mailing Address:
11835 West Olympic Blvd.	11835 West Olympic Blvd.
Suite 1100	Suite 1100
Los Angeles, CA 90064	Los Angeles, CA 90064
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Anthony H. Salce, Jr.	
	me
515 Terracina Way	
Florida street	address (P.O. Box NOT acceptable)
Naples	FL 34119
City, Sta	te, 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 (REOUIRED)

(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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR	John A. Mase 11835 West Olympic Blvd, Ste. 1100
MGR	Los Angeles, CA 90064  Anthony H. Salce, Jr. 515 Terracina Way Naples, FL 34119
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Whoe

Signature of a number 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.)

John A. Mase

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)