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SECRÉTARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 0 5 2008

**EXAMINER** 

## COVER LETTER

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TO: Registration So			
<sub>SUBJECT:</sub> 1238 V	V Michigan St, LL0		
SUBJECT:		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Darren M.	Soto, Esq.		
		Name of Person)	
Soto Sudb	oury LLP		
	<u> </u>	(Firm/Company)	
250 N. Ora	ange Ave, Suite 55	50	
		(Address)	7 _
Orlando, F	L 32801		O8 FE
	(City	/State and Zip Code)	AHASS
For further information of	concerning this matter, please	call:	tu-< #∵
Darren M. Soto	o, Esq.	at ( 407 ) 313-590 (Area Code & Daytime Tel	
	r the following amount: ☐\$130.00 Filing Fee &	□\$155.00 Filing Fee & □	] \$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
1238 W Michigan St, LLC				
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limited I	Liabilit	y Cor	npany is:
Principal Office Address:	Mailing Address:			
2800 S Orange Blossom Trl	See Principal Office Address			
Orlando, FL 32805				•
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an ind		r anothe	
Soto Sudbury LLP		L CR	08 F	energy.
Name		HA	- 83J	e 1
250 N. Orange Ave,	Suite 550  lress (P.O. Box NOT acceptable)	NRY OF STATE	-5 PH 12: 00	m
Orlando 32801	FI.	SE SE	):C	
City, State, a		P.F.	5	
Having been named as registered agent and to a	accept service of process for th	ne abov	e state	ed 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 2-4-08

(CONTINUED)
Page 1 of 2

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Orlando, FL 32805
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derice and cannot be more than 11ve business
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M Arto AFF Control of a member 200 Control of a member

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)

Typed or printed name of signee