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PICK-UP WAIT MAIL			
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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

FEB 1 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	31472 Avenue F, L.L.C.		
	(Name of Limited Liability Company	y)	· ·
The enclosed Are	ticles of Organization and fee(s) a	are submitted for filing.	
Please return all	correspondence concerning this n	natter to the following:	
	James R. Keller, (Name of Person)	Esq.	
	5800 Overseas Highway (Address)	, Suite 34	
	Marathon, Florida 3305 (City/State and Zip Code)		<del> </del>
For further inform	ation concerning this matter, please	call:	
James R.	Keller at ( 305 )	743-0700	· · · · · · · · · · · · · · · · · · ·
Enclosed is a chec	k for the following amount:		
\$125.00 Fili	ng Fee X \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy	& \$160 Filing Fee, Certificate of Status & Certified Copy (Additional Copy is enclosed)
Re Di P.	ailing Address egistration Section vision of Corporations O. Box 6327 allahassee, FL 32314	Street/CourierAddress Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The Name of the Limited Liability Company is:				
31472 Avenue F, L.L.C.  (Must end with the words "Limited Liability Company"," L.L.C." or LLC")				
incipal office of the Limited Liability Company is:				
Mailing Address:				
31253 Hibiscus Drive				
Big Pine Key, Florida, 33043				
ered Office, & Registered Agent's Signature: istered Agent. You mus designate an individual or another business entity egistered agent are:				
ld C. Wnukowski Name				
Hibiscus Drive ess (P.O. Box NOT acceptable)				
y, 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 certicate, 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)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Ronald C. Wnukowski		
	31253 Hibiscus Drive		
	Big Pine Key, Florida 33043		
	<del></del>		
	<del></del>		
(Use attachment if necessary)	<del></del>		
ARTICLE V: Effective date, if other that (If an effective date is listed, the date must or 90 after the date of filing.)	an date of filing:(OPTIONAL) t be specific and cannot be more than five business days prior to		
REQUIRED SIGNATURE: $\rho$			
Signature of a member	er or an authorized representative of a member.		
of this document consti	ection 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury the facts stated herein are true.)		
Туу	Ronald C. Wnukowski ped or printed name of signee		
Filing Fees:	표 <u>중</u>		

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DIVISION OF CORPORATION

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)