

LOS000045042

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

MAY 14 2008

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

EXAMINER

RECEIVED

08 MAY 13 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

7220 fairway, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 13 AM 8:40

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Corporate Filing Menu

Help

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3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

7220 Fairway, LLC
Must end with the words "Limited Liability Company," "LLC," 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:
<u>610 W. Las Olas Blvd.</u>	<u>Same</u>
<u>St. 1015</u>	
<u>Fort Lauderdale, FL 33312</u>	

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:

Stephen L. Vinson, Jr., Esq.
Name

1200 Brickell Avenue, Suite 1680
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33131
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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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H08000128155

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

The name and address of each Manager or Managing Member is as follows:

Title
"MGR" = Manager
"MM" = Managing Member

Name and Address:

NON

J. Oscar Ortiz

610 W. 1st St. Ocala, FL 33452

Member

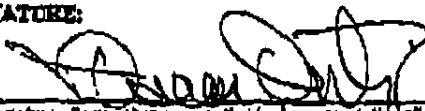
Leon Anthony Umedhay

same

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:


Signature of a Member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE OSCAR ORTIZ
Typed or printed name of signor

Filing Fee:

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

Page 2 of 2

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