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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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JUN 30 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

Tiphany's Garden L.L.C. (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tammy P. Hair (Name of Person) Tiphany's Garden L.L.C. (Firm/Company) 23950 SE Highway 42 (Address) Umatilla, FL 32784 (City/State and Zip Code) For further information concerning this matter, please call: Tammy P. Hair (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓ \$160.00 Filing Fee, \$125.00 Filing Fee \$130.00 Filing Fee & **■**\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | : |
|--|--|
| Tiphany's Garden L.L.C. | |
| (Must end with the words "Limited Liabi | ility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | rincipal office of the Limited Liability Company is: |
| The maning address and shoet address of the p | .me.pu. omee or me zamee zaemy company is |
| Principal Office Address: | Mailing Address: |
| 20050 05 111 h | |
| 23950 SE Highway 42 | 23950 SE Highway 42 |
| Umatilla, FL 32784 | Umatilla, FL 32784 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi- business entity with an active Florida registration.) The name and the Florida street address of the | registered agent are: |
| Robert D. Hair C.P. | |
| Name | |
| 23950 SE Highway Florida street ac Umatilla, FL 32784 City, State, | ldress (P.O. Box <u>NOT</u> acceptable) FL |
| Having been named as registered agent and to | accept service of process for the above 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)

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Member | |
| MGR | Tammy P. Hair |
| | 23950 SE Highway 42 |
| | Umatilla, FL 32784 |
| MGRM | Joshua J. Hair |
| | 23950 SE Highway 42 |
| | Umatilla, FL 32784 |
| MGRM | Benjamin D. Hair |
| | 23950 SE Highway 42 |
| | Umatilla, FL 32784 |
| | TALL SEC |
| | |
| | <u> </u> |
| (Use attachment if necessary) | ET OF CO. |
| CLE V: Effective date, if other than th | |
| | be specific and cannot be more than five business da |

REQUIRED SIGNATURE:

Signature of a member 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.)

Tammy P. Hair

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)