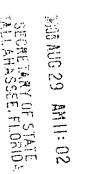
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T. CLINE

SEP - 2 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	Name of Limite	EM LLC d Liability Company)		
The enclosed Articles o	f Organization and fec(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
CYN	THIA E. HARMON	Name of Person)		····
	(Firm/Company)		
	# 18319 WAY	NE PD. (Address)		
	ODESSA '	FC. 33556 /State and Zip Code)		
	(City	/State and Zip Code)	7 (12	
For further information	concerning this matter, please	call:	CAHAS	MUG 29
CWTHA 14	renor	at (<u>813</u>) <u>416-7</u> (Area Code & Daytime To	s70 AS	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	AM II: 02
Enclosed is a check for	or the following amount:		ōñ\	02
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclose	ž
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LAKE CALM FARM, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	s:
Principal Office Address: Mailing Address:	
18319 WAYNE RD 18319 WAYNE RD. ODESSA, FL. 33556 ODESSA, FL 33556	
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.)	sant Summer
The name and the Florida street address of the registered agent are:	
CHNTHIA E. HARNON Name Name RESTATE ORDER	ا چوند. ا
Name OF TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO	
18319 WAME RD.	
Florida street address (P.O. Box NOT acceptable)	
ODESSA FL FC. 33556	
City, State, and Zip	
Having hear named as registered agent and to accent service of process for the above stated limite	d

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

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	CYNTHA E. HARMON	
	18319 WA'WE RD. ODESSA, FL. 33556	
		
		7.
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than t	the date of filing: (OPTION to be specific and cannot be more than five business of	VÁE)
to or 90 days after the date of filing.)	t be specific and cannot be more than five business u	iaysprioi:
REQUIRED SIGNATURE:	OF STATE	ANH: 02
	On State of the St	02
CYNTHA	E. HARNON Cyn (leis Elfon) There or an authorized representative of a member.	
Signature of a men	nber or an authorized representative of a member.	
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)	
CYNTHIA	E. Warner Typed or printed name of signee	
Filing Fees:		

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)