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	equestor's Name)				
· (RE	questors Name)				
		·			
· (Ad	ldress)				
(Ad	ldress)				
(Cít	ty/State/Zip/Phon	e #)			
		—			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Alina Officer				
Special Instructions to	4"." L'UN	T !			
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	······································	DH South Swell D	evelopment	, LLC		
SODJE		(Name of Limited L	iability Company)			
The en	closed Articles of	Organization and fee(s) are subn	mitted for filing.			
Please	return all correspo	ndence concerning this matter to	the following:		Þ	
		John	J. Gaines			
		(Nar	ne of Person)			
		Huff &	Gaines Ltd.			
		(Fin	m/Company)			
	10 South LaSalle Suite 3500 基层 意					
		((Address)		2008 OCT SECRET	
		Chicag	o, IL 60603		-3 ARY SSE	
		(City/Sta	ate and Zip Code)		F 7	
For fur	ther information c	oncerning this matter, please cal	1:		P 12: 05 OF STATE E, FLORIDA	
	John J	. Gaines	(312)	606-0700)	
	(Name o	of Person)		Daytime Telephone	Number)	
Enclos	ed is a check for	the following amount:				
∑ \$125. ′ (00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is e	Cert nclosed) Cert	.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed))
	Max	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	ection forporations ing ve Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	l Liability Company is:	•	•	
DI	H South Swell De	evelopment. LLC		
		lity Company, "L.L.C.," or "LI	LC.")	_
ARTICLE II - Address		uimainal afficia af tha Lie	mitad Liability	Componyio
The mailing address and	street address of the pr	rincipal office of the Life	miled Liability	Company is:
Principal Office Addre	<u>ss:</u>	Mailing Address:		
Daniel Harte		Daniel Harte		
11008 US 41 North		11008 US 41 North		
Palmetto, FL 34221		Palmetto, FL 34221	ZAT.	
ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid	cannot serve as its own Regis lorida registration.)	tered Agent. You must designaregistered agent are:	nte an indiversity or all NASSEE. F	To Constitution of the con
	11008 US 4	11 North		
- 11	Florida street ad	dress (P.O. Box NOT accep	table)	
	Palmetto	_{FL} 34221		
	City, State,		_	
liability company at i registered agent and ago statutes relating to the	the place designated in t ree to act in this capacit proper and complete po	accept service of procest this certificate, I hereby y. I further agree to con erformance of my duties, stered agent as provided	accept the appoingly with the pro and I am famili	intment as ovisions of all ar with and

(CONTINUED) Page 1 of 2

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:

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Daniel Harte 11008 US 41 North Palmetto, FL 34221 (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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Daniel Harte 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)