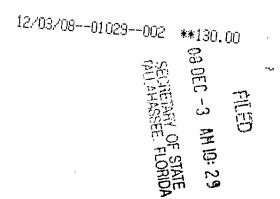
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:
·
1.1.0
EFFECTIVE DATE 11/26/08
EFFECTIVE DATE

Office Use Only



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M. THOMAS

DEC - 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Nara	nja Lakes Lake:	s, LLC	
<u></u>		ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
John N.	Sykes		
		(Name of Person)	
		(Firm/Company)	
9605 Er	onio Pood	(cambonipaly)	
0003 FI	anjo Road	(Address)	
Cutler B	ay, FL 33189		55 C
	(Ci	ty/State and Zip Code)	THE SEC
For further information	concerning this matter, pleas	e call:	DE DEC -3 AM 10: 29 SECRETATE OF STATE TALLAHUSSEE FLORID
John N. Syk	es	at 305 233-9446	ID: 25
(Nam	e of Person)	(Area Code & Daytime Telephone	Number) Qm
Enclosed is a check f	For the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Naranja Lakes Lakes, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8605 Franjo Road	8605 Franjo Road
Cutler Bay, FL 33189	Cutler Bay, FL 33189
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or anothing
John N. Sykes	
8605 Franjo Road Florida street addr	ess (P.O. Box NOT acceptable)

Cutler Bay, FL 33189

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 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:

Mgr	John N. Sykes
**************************************	8605 Franjo Road
	Cutler Bay, FL 33189
	E SE
**************************************	DEC -3 AM 10: 25
	THE STATE OF THE S
	07A 29
(Use attachment if necessa	)
	d d 1 cg: 11/26/09 (approxies)
ICLE V: Effective date, if our effective date is listed, the date	than the date of filing: 11/26/08 (OPTIONAL) e must be specific and cannot be more than five business days prior
90 days after the date of filin	· · · · · · · · · · · · · · · · · · ·

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.)

John N. Sykes

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)