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EFFECTIVE DATE 11/25/08

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B. KOHR
DEC - 9 2008
EXAMINER

, COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Villas @ North Ridge	e L.L.C.		,
SCBC2C1.	ited Liability Compa	ny)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing		1-7-4
Please return all correspondence concerning this ma	tter to the following:	uciti	CTIVE DATE 11/25/108
John Tipton			JOHN S
	(Name of Person)		
Villas @ North Ridge L.	.L.C.		To the second se
	(Firm/Company)		, T
PO Box 50883			
	(Address)		7
Jacksonville Beach, Flo	rida 32240		<i>t</i>
. (Ci	ity/State and Zip Code)		
For further information concerning this matter, pleas	se call:		
John Tipton	at (904)	721-54	00
(Name of Person)	(Area Code	& Daytime Tel	ephone Number)
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	•

EFFECTIVE DATE 11/25/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Villas @ North Ridge L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," 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:
2215 South Third Street	PO Box 50883
Suite 201	Jacksonville Beach, FI 32240
Jacksonville Beach, Florida 32250	

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:

Robert C Tipton

26 Tallwood Road.

Florida street address (P.O. Box NOT acceptable)

Jacksonville Beach, Florida 32250

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)

(CONTINUED)
Page 1 of 2

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

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

IGRM	John D Tipton		
	PO Box 50883		
	Jacksonville Beach, Florida 32250		
MGR	John Wood		
	1100-4 Ponce De		
	St Augustine, Florida 32084		
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ARTICLE V: Effective date, if other than the date of filing: 10-14=2008. (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.)

John D Tipton

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)