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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document Number)	
Certified Copies Cer	tificates of Status <u>A</u>
Special instructions to Filing Officer:	





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S. HAWKES

MAR 1 0 2009

EXAMINER

PORATH & BARBUTO, P.A. Attorneys and Counselors at Law

ANN PORATH
ANTHONY M. BARBUTO

WELLINGTON PLAZA
SUITE 209
12773 FOREST HILL BOULEVARD
WELLINGTON, FLORIDA 33414
TELEPHONE (561) 798-2907
FAX (561) 790-3519

February 27, 2009

Secretary of State of Florida Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

> Re: Coconut Duplexes, LLC Gulfstream Duplexes, LLC Davis Duplexes, LLC Serafica Duplexes, LLC

Dear Sir or Madam:

For each of the above listed companies, enclosed please find the original and one copy of the Articles of Organization for Florida Limited Liability Company, together with a check in the total amount of \$540.00 (\$135.00 per company) payable to the Secretary of State representing the filing fee, a certified copy and a Certificate of Status.

Kindly return the stamped, filed copies and the Secretary of State letters to me in the enclosed self-addressed stamped envelope provided for your convenience.

Thank you for your assistance in this matter.

Very truly yours,

PORATH &

By: Anthony M. Barbuto

AMB/amo Encs.

TRANSMITTAL LETTER

TO:

Registered Section

Division of Corporation

SUBJECT: COCONUT DUPLEXES, LLC

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY M. BARBUTO, ESQ. 12773 FOREST HILL BOULEVARD **SUITE 209** WELLINGTON, FL 33414

For further information concerning this matter, please call:

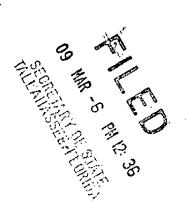
ANTHONY M. BARBUTO, ESQ. at 561/798-2907

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is: COCONUT DUPLEXES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12533 Equine Lane Wellington, FL 33414

Mailing Address:

P.O. Box 6446 Lake Worth, FL 33466



The name and the Florida street address of the registered agent is:

Ignazio Ippolito 12533 Equine Lane Wellington, FL 33414

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 property 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, Florida Statutes.

Registered Agent's Signature

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

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

<u>Title</u> "MGR" = Manager_

"MGRM" = Managing Member

Name and Address:

MGRM

Ignazio Ippolito 12533 Equine Lane Wellington, FL 33414



NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

AGNAZIO IPPOLITO

(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.)

Filing Fee:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 certified Copy (Optional)