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| | (Reques | tor's Name |) | |
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| Certified Copies | | Certificate | es of Stat | tus |
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Special Instructions to Filing Officer:

A. LUNT

MAY 28 2009

EXAMINER

Office Use Only



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TALLAHASSEE, FLORIDA

7000 HAY OT DH I

May 26, 2009

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Please see the attached articles of organization for Elite Homes & Properties, LLC. If you have any questions regarding this submission, please contact me using the contact information below.

Sincerely,

Matt Brothers

14466 Prunningwood Place Winter Garden, FL 34787

407-949-8863

COVER LETTER

| TO: | Registration S Division of Co | | | |
|-------------------|----------------------------------|---|--|---|
| SUBJE | ·CT· | Elite Home | s & Properties, LLC | |
| 5024 | .01. | Name of Limited I | | |
| The end | closed Articles o | f Organization and fee(s) are sub | mitted for filing. | |
| Please 1 | return all corresp | ondence concerning this matter t | to the following: | |
| | | Emi | ly Brothers | |
| | | Na | me of Person | |
| | | Elite Homes | & Properties, LLC | 2005 TALL |
| - | | Fi | m/Company | 32 3 |
| | | 105 E Robinso | on Street, Suite 222C | 2009 HAY 27 PH 1: \$ SECURE SARY OF STATE TALLAHASSEE, FLORID |
| • | | | Address | 77. 20 |
| | | Orland | io, FL 32801 | LORRI TE |
| • | | City/St | ate and Zip Code | <u>Ş</u> ₩ |
| | | emmabrothe | rsc21@hotmail.com | |
| _ | | E-mail address: (to be used for f | uture annual report notification) | |
| For furt | her information | concerning this matter, please ca | II: | |
| | Emily | y Brothers at | (407) Area Code & Daytime Tel | 754-5624 |
| | Name | of Person | Area Code & Daytime Tel | lephone Number |
| Englag | ad is a shook fo | e the fallowing amount | | |
| _ | | or the following amount: | | |
| ']\$ 125.(| 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & [Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section | Street/Courier Address | <u>s</u> |
| | | Division of Corporations | Registration Section Division of Corporation | ns |
| | | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Elite Homes & Pr (Must end with the words "Limited Lia | |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 105 E Robinson Street, Suite 222C Orlando, FL 32801 | 105 E Robinson Street, Suite 222C Orlando, FL 32801 |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) | |
| The name and the Florida street address of the | registered agent are: |
| Emily B | Brothers SRA :: 5 |
| Nam | θ 31 31 31 31 31 31 31 31 31 31 31 31 31 |
| 105 E Robinson S | Street, Suite 222C |
| Florida street address (P. | O. Box NOT acceptable) |
| Orlando, FL 32801 | FL |
| 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:

| MGRM Emily Brothers 14466 Prunningwood Place Winter Garden, FL 34787 Winte | "MGR" = Mana "MGRM" = Ma | nger Inaging Member | Name and Address: | |
|--|---------------------------------------|--|--|-------------------|
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days poly 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.) Emily Brothers | MGRM | | 14466 Prunningwood Place | |
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days processed to 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.) Emily Brothers | , , , | | ALC | 2009 P |
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: | | | HANGSER AND | MY 27 |
| (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) reffective date is listed, the date must be specific and cannot be more than five business days proceed to 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.) Emily Brothers | | | | PH -: |
| ICLE V: Effective date, if other than the date of filing: | | | | <u> </u> |
| 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.) Emily Brothers | | | | |
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| (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.) Emily Brothers | CLE V: Effective effective date is li | e date, if other than the isted, the date must b | e date of filing: (OPTIO | NAL) days pric |
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| | CLE V: Effective effective date is li | e date, if other than the isted, the date must be date of filing.) IGNATURE: | e specific and cannot be more than five business of | NAL) days pric |
| Typed or printed name of signee | CLE V: Effective effective date is li | e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document cons | er or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury | NAL) days prid |
| Filing Fees: | CLE V: Effective effective date is li | e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document constitute facts stated he | er or an authorized representative of a member. scition 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury brein are true.) Emily Brothers | NAL) days prid |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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