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OCT 1 4 2009 **EXAMINER** 

## **COVER LETTER**

TO:	Registration Division of C						
SUBJI	ECT:	LOUIS CALL	AWA	Y PRO	OPERTIE	ES L	LC.
		Name of Limit	ed Liab	ility Con	npany		
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.		
Please	return all corres	spondence concerning this mat	ter to th	e followi	ng:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Andr		Letoun	neau		
			Name	of Person			
		LOUIS CALLA	<b>WAY</b>	PROF	PERTIES L	LC.	
			Firm/C	Company			
		313	NE 2r	nd ST#	403		
			Ad	dress			
		Fort La	audero	lale FL	33301		
			-	and Zip Co			
		letournea E-mail address: (to be used	u_and	rew@y	yahoo.com	on)	
For fur	ther information	n concerning this matter, pleas					
	Andre	w Letourneau	_ at (	954	)	77	0-6315
	Nam	e of Person		Area Co	ode & Daytime	Teleph	none Number
Enclos	sed is a check	for the following amount:					
<b>]\$</b> 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	ertified (	ling Fee & Copy opy is enclosed	 i)	\$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	,	Registr Division Cliftor 2661 E	Courier Add ation Section on of Corpora Building Executive Cen assec, FL 323	tions	rcle 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:					
LOUIS CALLAWAY I (Must end with the words "Limited Li	PROPERTIES LLC. iability Company," "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
313 NE 2nd ST #403 Fort Lauderdale FL 33301	313 NE 2nd ST #403 Fort Lauderdale FL 33301					
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Andrew I Report Lauderdale 3330 City, State Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa	Letourneau  Ind ST #403 P.O. Box NOT acceptable)  O1 FL  Te, and Zip  to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all					
accept the obligations of my position as re	e performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S					
Registered Agent's Sig	gnature (REQUIRED)					

(CONTINUED)

Page 1 of 2

FILED

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	SECRETARY OF S TALLAHASSEE.FL
MGRM		Andrew Letourneau	
		313 NE 2nd ST #403	
		Fort Lauderdale FL 3330	)1
			<del></del>
(Use attachmen	t if necessary)		
	isted, the date must be	date of filing:e specific and cannot be more the	. (OPTIONAl
ffective date is li days after the o		//	
ffective date is li			
ffective date is li days after the o	IGNATURE:	or an authorized representative of	'a member.
ffective date is li days after the o	IGNATURE: Signature of a member	ction 608.408(3), Florida Statutes, the itutes an affirmation under the penalti	execution

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)