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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration	Section Corporations			
DIVISION OF C	or por actions			
SUBJECT: Garder	nia Homes and Property	Management LLC		
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Susjette S 3	Antinor			
Susiette S Martinez Name of Person				
Gardenia Homes and Property Management LLC				
		Firm/Company		
3803 Sago Court NE				
		Address	<u> </u>	
Minter House CL 2004				
Winter Haven, FL 33881 City/State and Zip Code				
Ladyyzette@aol.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Susiette S Martine	e of Person	at (863) 709-6915 Area Code & Daytime Telephone Number		
Mani	e of reison	Area Code & Daytine Telephone Number		
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of Certified Copy (additional copy)	Status &	
	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:				
Gardenia Homes and Property Management LLC (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: Mailin	g Address:			
	o Court NE even, FL 33881			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.) The name and the Florida street address of the registered	You must designate an individual or another			
Susiette S Martinez				
Name				
3803 Sago Court NE				
Florida street address (P.O. Box NOT acceptable)				
Winter Haven, FL 3386 City, State, and Zir				
Having been named as registered agent and to accept set liability company at the place designated in this certific registered agent and agree to act in this capacity. I furthe statutes relating to the proper and complete performance accept the obligations of my position as registered age	rvice of process for the above stated limited cate, I hereby accept the appointment as er agree to comply with the provisions of all e of my duties, and I am familiar with and			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

10 MAR 18 PM 2: 42 SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Susiette S Martinez 3803 Sago Court NE Winter Haven, FL 33881 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 03/15/2010 (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.)

Awrette Mort

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)