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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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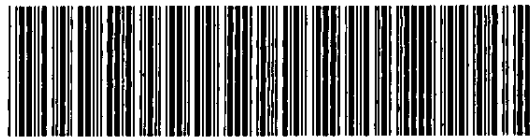
L. SELLERS

APR 28 2010

EXAMINER

[REDACTED]

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04/08/10--01055--009 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 PM 4:01

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Villa Medici 704 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:

Jamal Wedderburn

Name of Person

Villa Medici 704 LLC

Firm/Company

1033 NE 17th Way Unit 704

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

rattlerjw@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamal Wedderburn at (561) 702-1563
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Street/Courier Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2010

JAMAL WEDDERBURN
1033 NE 17TH WAY, UNIT 704
FORT LAUDERDALE, FL 33304

SUBJECT: VILLA MEDICI 704, LLC
Ref. Number: W10000017471

We have received your document for VILLA MEDICI 704, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 8, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00008786

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Villa Medici 704 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:

1033 NE 17th Way

Unit 704

Fort Lauderdale, FL 33304

Mailing Address:

1033 NE 17th Way

Unit 704

Fort Lauderdale, FL 33304

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:

Jamal Wedderburn

Name

1033 NE 17th Way Unit 704

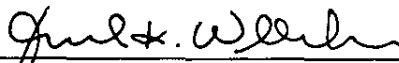
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale

FL 33304

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

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10 APR 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

Jamal Wedderburn

1033 NE 17th Way Unit 704

Fort Lauderdale, FL 33304

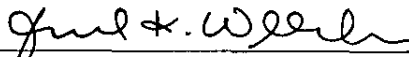
(Use attachment if necessary)

4/15/2010 gw

ARTICLE V: Effective date, if other than the date of filing: 3/19/2010. (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.)

Jamal Wedderburn

Typed or printed name of signer

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)

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10 APR 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA