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SECRETARY OF STATE OF STATE OF CORPORATIONS

T. HAMPTON

JUN 1 5 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT: Terrace	e Cabana, LLC	11:12: 0	
		Name of Limite	d Liability Company	
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Olga R. Trag	esser		
			Name of Person	
			Firm/Company	
	460 Aruba C	t.		
			Address	
	Satellite Bea	ch, FL 32937		
			y/State and Zip Code	
	OTRAGESS	ER2MSN.COM		
		E-mail address: (to be used f	or future annual report notification)	
For fu	rther information	concerning this matter, please	call:	
Elise	G. Vaughn, I		at (321) 723-8673	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check fo	or the following amount:		
☑ \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$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	

W. J. VAUGHN ATTORNEY-AT-LAW MELBOURNE, FLORIDA 32901

ESTABLISHED - 1924

W. G. VAUGHN (1890 - 1951) W. J. VAUGHN, JR. (1947 - 1996)

W. J. VAUGHN ELISE G. VAUGHN MAILING ADDRESS:
P. O. Box 370
Melbourne, Florida 32902-0370
OFFICES:
2013 S. Melbourne Court
Melbourne, Florida 32901
TELEPHONE: FAX:
(321)723-8673 (321)951-9099

June 9, 2010

Florida Department of State Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

Re: Terrace Cabana, LLC

In connection with the above referenced, please find endosed for filingthe, Articles of Organization for Florida Limited Liability Company. Also enclosed is our Trust account check # 14066 in the amount of \$125.00.

Sincerely,

Elise G. Vaughn, Esquire

EGV: cw

Enclosures: as stated

The SUV

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ny is:
Terrace Cabana,LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
460 Aruba Ct.	460 Aruba Ct.
Satellite Beach, FL 32937	Satellite Beach, FL 32937
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Olga R. Tragesse	<u>r</u>
1	Name
460 Aruba Ct.	
Florida stre	eet address (P.O. Box NOT acceptable)

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.

FL 32937 City, State, and Zip

Registered Agent's Signature (REQUIRED)

Satellite Beach

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Olga R. Tragesser, MGRM	460 Aruba Ct.
	Satellite Beach, FL 32937
John M. Toppa, Jr., MGRM	2125 Stewart Rd.
	Melbourne, FL 32935
Michael J. Toppa, MGRM	1556 Highland Ave.
	Melbourne, FL 32935
(Use attachment if necessary)	
	the date of filing: (OPTIONA
ffective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five business day

REQUIRED SIGNATURE

(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.)

Signature of a member or an authorized representative of a member.

Olga R. Tragesser, Michael J. Toppa, John M. Toppa, Jr.

Typed or printed name of signee

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS