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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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L. SELLERS

AUG 1 1 2010

EXAMINER

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SECRETARY OF STATE
TAPLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Aloma F	Partners, LLC		
		ed Liability Company	
		•	·
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
Jaime A. Rod	lriguez		
		Name of Person	
A.C.K. Devel	opment, Inc.	,	
		Firm/Company	
1702 S. Buml	by Ave.		
		Address	
0 1 5	2000		
Orlando, FL		y/State and Zip Code	
inadriau.a=@a		y/state and Zip Code	
<u> </u>	ckdevelopment.com E-mail address: (to be used to	for future annual report notification)	
For further information	concerning this matter, please	·	
	· · ·		
Jaime A. Rodrigue	Z	at (_407)898-1055	
Name	of Person	Area Code & Daytime Telepho	one Number
Enclosed is a check for	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 Circ Tallahassee, FL 32301	ole

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability C	Company is:
Aloma Partners, LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
The mailing address and street address	ess of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1702 S. Bumby Ave.	1702 S. Bumby Ave.
Orlando, FL 32806	Orlando, FL 32806
	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.)
The name and the Florida street add	ress of the registered agent are:
A.C.K. Develop	ement, Inc.
	Name
1702 S. Bumb	y Ave.
	orida street address (P.O. Box <u>NOT</u> acceptable)
Orlando	FI. 32806

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

TO AUG -9 AM 9: 44
SEGRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mer	nber
MGRM	Jaime A. Rodriguez, Trustee of Jaime A. Rodriguez Revocable Trust
	1255 Wald Road
	Orlando, FL 32806
MGR	Mellissa H. Greer, Trustee of Melissa H. Greer Revocable Trust
· · · · · · · · · · · · · · · · · · ·	17009 Magnolia Island Blvd.
	Clermont, FL 34711
MGR	William J. Alexander, Trustee of William J. Alexander Revocable Trust
	24 Windsor Lane
	Ramsey, NJ 07446
MGR	Scott D. Greenwood & Pamela F. Greenwood, as Tenants by the Entireties
	1427 Buckwood Dr.
	Orlando, FL 32806
See	
Use attachment if necessar	y)
	er than the date of filing: 08/06/2010 (OPTIONAL te must be specific and cannot be more than five business days (3.)
REQUIRED SIGNATURE	Е:
June	- la Roly
Signature o	of a member or an authorized representative of a member.
(In accorda of this doc	of a member or an authorized representative of a member. unce with section 608.408(3), Florida Statutes, the execution unment constitutes an affirmation under the penalties of perjury ets stated herein are true.)
(In accorda of this door that the fac	unce with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury

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)

ARTICLE IV- Manager(s) or Managing Member(s): Continued
The name and address of each Manager or Managing Member is as follows:

Title: Name and Address

Daniel Marvin McConnell & Randy Lee McConnell, as joint Tenants with Right of Survivorship

4901 Patch Road Orlando, FL 32822

MGR