

(Requestor's Name)			
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(City/State/7in/Phone #0			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(,,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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G. MCLEOD

NOV 15 2010

EXAMINER



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11/08/10--01023--017 **25.00

08/27/10--01053--018 **100.00

10 NOV -9 PH 3: 3I
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILI	TY COMPA	ANY
ARTICLE I - Name:	•	AHASA AHASA - NO -	
The name of the Limited Liability Company is:		9 I	Emiliad (
Oak Palace Ho	mes, L.L.C.	PH 3: UF ST/ E, FLO	O
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	34	•
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	ש bility Comp	anv is:
	•	y	
Principal Office Address:	Mailing Address:	^	
_4695 Waterford Ct. NE	4695 Waterford	Ct. NE	
St. Peters burg, FC	St. feters burg,	FC _	_

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.)

<u> 33703</u>

The name and the Florida street address of the registered agent are:

Evic Colangelo

Name 4695 Waterford Cf. M
Florida street address (P.O. Box NOT acceptable) Petersburg FL 33703
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..

(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 "MGRM" = Managing Member	Name and Address:
MGRI - Ivianaging ivieniber	Evic Colangelo 4695, Waterfood Ct. NE St. fetersburg, FC 33703
 	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the dan effective date is listed, the date must be so 90 days after the date of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	\bigcirc
Signature of a member	or an authorized representative of a member.
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.
	ed 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)