11000021821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special ≀nstructions to Filing Officer:

Office Use Only

G. MCLEOD

FFR 21 2011

EXAMINER



300193914393

02/18/11--01023--021 **160.00

FILED
11 FEB 18 MIII:44
SECRETARY OF STATE
FALLAHASSEE, FLORIO

COVER LETTER

Division of Cor	porations		
_{SUBJECT:} Came	ron Villa LLC.		
501012011	Name of Limit	ed Liability Compar	ny
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Fred Ferr	riell		
11041 011		Name of Person	
Cameron	Villa LLC.		
		Firm/Company	
4292 Bee	ch Circle		
		Address	
West Palm	Beach, FL 3340	06	
		y/State and Zip Code	
Marlee333@	bellsouth.net E-mail address: (to be used to	or future annual renor	rt notification)
For further information of	concerning this matter, please		· · · · · · · · · · · · · · · · · · ·
	7,		
Janice Kronauer	CD	_at (561	964-1789
Name o	f Person	Area Code	& Daytime Telephone Number
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
, , ,	
Cameron Villa LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Thicipal Office Address.	Maning Audiess.
1292 Beech Circle	5365 Ouachita Drive
West Palm Beach, FL 33406	Lake Worth, FL 33467
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Janice Kronaur	A
Name	AHA
5365 Ouachita Dri	ve ASS
Florida street addre	ess (P.O. Box NOT acceptable)
Lake Worth	FL 33467
City, State	e, 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

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

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

"MGR" = Manager "MGRM" = Managing Member	
See Attached	
See Allached	
	
(Use attachment if necessary)	
•	L. CCII
	e date of filing: (OPTIONA be specific and cannot be more than five business day
days after the date of filing.)	•
	/
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	er 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Fred Ferriell
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)

Cameron Villa LLC 4292 Beech Circle West Palm Beach, FL 33406

Cameron Villa LLC is a company formed to buy, lease, or otherwise obtain real estate properties. To renovate, re-condition, and remodel said properties for lease, rent, or resell to individuals or companies. Property leased or rented to others will be maintained, structured and operated as a sober living environment. Future plans include: owning and operating an Intensive Out Care Patient facility with accredited therapists and professional staff to assist chemical abuse patients to recover.

Personal selected to operate and manage the sober living facility have long term sobriety. Their experience varies, from serving on a treatment facility board of directors, to sales and marketing positions, administrative and admittance duties, to serving as technical support personal. All are 12 step members, some will actual living experience within sober communities, and all have led groups within treatment facilities. The Manager names are untitled.

Manager- CFO

Fred Ferriell

5365 Ouachita Drive

Lake Worth, FL 33467

Manager - CEO

Nick Ferriell 5365 Ouachita Drive Lake Worth, FL 33467