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EFFECTIVE DATE
3/12/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 15 AM 10:45

N. Cuffigan MAR 16 2011

HOLIDAY FARMS HOMEOWNERS ASSOCIATION INC.
3400 Twin Lakes Terrace Inc.
Unit 205
Ft. Pierce, FL 34951

Phone: 954-914-5757 **********Facsimile: 772-409-4779

March 11, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re; Release of Corporate Name

Gentlemen:

This is to advise you that as of the date stated above March 11, 2011 we release all right, title, and interest in the corporate name Holiday Farms Homeowners Association Inc. Specifically we wish to release it for use by Holiday Farms Homeowners Association LLC.

Thank you for your cooperation.

Yours truly,
Holiday Farms Homeowners Association Inc.

David E. Chapper, President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLIDAY FARMS HOMEOWNERS ASSOCIATION 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:

DAVID E. CHAPPER
Name of Person

HOLIDAY FARMS LLC
Firm/Company

3400 TWIN LAKES TERRACE, UNIT 205
Address

FT PIERCE, FL 34951
City/State and Zip Code

REALESTATE@CHAPPERGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CHAPPER at (954) 914-5757
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HOLIDAY FARM HOMEOWNERS ASSOCIATION 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:

3400 TWIN LAKES TERRACE
UNIT 205
FT PIERCE, FL 34951

Mailing Address:

3400 TWIN LAKES TERRACE
UNIT 205
FT PIERCE, FL 34951

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DIVISION OF CORPORATIONS

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:

DAVID E. CHAPPELL
Name

3400 TWIN LAKES TERRACE, UNIT 205
Florida street address (P.O. Box **NOT** acceptable)

FT PIERCE FL 34951
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)

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:**
MGRT	DAVID E. CHAPPER 3400 TWINLAKES TERRACE #205 FT PIERCE, FL 34951

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/12/2011. (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. 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.)

DAVID E. CHAPPER
Typed or printed name of signee

FILED
11 MAR 15 AM 10:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)