L11000109002

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<u> </u>	
L. SELLERS	
SEP 2.3 2011	
EXAMINER	
LOU MARIA	

Office Use Only



800210222418

07/25/11--01028--005 **125.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ISLAND HOMES OF F	FLORIDA		
	ted Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Dianne Stanley-Constant			
	Name of Person		
ISLAND HOMES OF FLORIDA			
	Firm/Company		
17350 78RD N,			
	Address		
LOXAHATCHEE, FL 33470			
	y/State and Zip Code		
DAY_SET_ARIE@YAHOO.COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DIANNE CONSTANTINE	at (914) 841-8747		
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 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		



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2011

DIANNE STANLEY-CONSTANTINE 17350 78 ROAD N LOXAHATCHEE, FL 33470

SUBJECT: ISLAND HOMES OF FLORIDA, LLC

Ref. Number: W11000039559

We have received your document for ISLAND HOMES OF FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 011A00017802

Leslie Sellers Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2011

DIANNE STANLEY-CONSTANTINE 17350 78 ROAD N LOXAHATCHEE, FL 33470

SUBJECT: ISLAND HOMES OF FLORIDA, LLC

Ref. Number: W11000039559

We have received your document for ISLAND HOMES OF FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L11000096324.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 411A00020435

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Florida Island Dream Homes, LLC .			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
17350 78th Rd N Loxahatchee, FL 33470	17350 78th Rd N Loxahatchee, FL 33470		
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 re	egistered agent are:		
Dianne Stanley- Constantine			
Name			
17350 78th Rd N			
	ress (P.O. Box <u>NOT</u> acceptable)		
Loxahatchee	FL 33470		
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	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(CONTINI	IFD)		

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 Membe	Name and Address:
MGR	VERNON CONSTANTINE
	LOXAHATCHEE, FL. 33470
MGR	MARY MARSH
	17350 78 RD
	LOXAHATCHEE, FL. 33470
MGRM	DIANNE STANLEY-CONSTANTINE
	17350 78RD
	LOXAHATCHEE, FL. 33470
	
(Use attachment if necessary)	
ADDRESS DAY DOOR OF THE SECOND	(ODTIONAL)
ARTICLE V: Effective date, if other t	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	must be specific and cannot be more than five business days prior
to or you days writer the date of image,	
REQUIRED SIGNATURE:	
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.)

Ding & lay

2 Stanley - Co

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)