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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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D. BRUCE

MAY 0 4 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corpor	rations			
SUBJECT: ADC - S	G Homes II LL	.C		
SUBJECT,		ed Liability Company		
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Bernadette	Volosin			
		Name of Person		
Avanti Deve	elopment Corp	oration		
		Firm/Company		•
923 N Penn	sylvania Avenu	e		
	······································	Address		•
Winter Park, F	FL 32789			
<u></u>		y/State and Zip Code		
bvolosin@avar				
ŀ	E-mail address: (to be used f	or future annual report notification)	F.C. **	
For further information conc	eerning this matter, please	e call:	ARETA ARAS	
Bernadette Volosin		at (407) 628-8488	-2 I	
Name of Pe	erson	Area Code & Daytime Tele	phone Number	
Enclosed is a check for th	e following amount:		STATE FLORID	
\$125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}} \sqrt{\sq}}}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sq}	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	.)
R D P	lailing Address egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
ADC - SG Homes II 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

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
923 N Pennsylvania Avenue	923 N Pennsylvania Avenue
Winter Park, FL 32789	Winter Park, FL 32789

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:

Charles Schwartz
Name

923 N Pennsylvania Avenue

Florida street address (P.O. Box NOT acceptable)

Winter Park FL 32789
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)

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:

Title:	" = Manager	Name and Address:		
	M" = Managing M	ember		
MGR		Charles Schwartz		
		923 N Pennsylvania Avenue Winter Park, FL 32789		
		Winter Park, FL 32769		
	-			
 ·				
(Use a	ttachment if necess	ary)		
ADTICLEV	P.CC - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	denotes the day of \$1500 A/27/12 (OPTIO	NIAIN	
ARTICLE V: (If an effective	Effective date, if o	ther than the date of filing: 4/27/12 . (OPTIO date must be specific and cannot be more than five business of	nal) days p:	rior
	after the date of fili			
<u>REQ</u> I	<u>JIRED</u> SIGNATU	RE:	73	
			委	77
		Rolls Schwarz 55	-	
		re of a member of an authorized representative of a member.	o)	1
	I am aware that a	ith section 608.408(3), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of the degree felony as provided for in s.817.155, F.S.)		
		rles Schwartz		
		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)