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COVER LETTER

TO: Registration Division of C			
SUBJECT: LA	KE Ella Co Name of Limit	Hages LLC ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Virainia	C. Weeks Name of Person	
1 112 · · ·	0	Name of Person	
	_	Firm/Company	
	111 51	mith Street Address	<u> </u>
	<u> </u>	Address	
<u> </u>	lalla	MSSCE FL.	32301
ginn	y a rayner E-mail address: (to be used to	- net or future annual report notification)	
For further information	concerning this matter, please	call:	
Virginia Name	Weeks	at (<u>850</u>) <u>224</u> -	-6183 hone Number
Enclosed is a check f	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 Ci Tallahassee, FL 32301	SECREDAN STORE AND

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Lake Ella Cottages, 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: Mailing Address:
III SMITH STREET
TALLAHASSEE, FL. 32301
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 egistration.) The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:
Virginia C. Weeks
III Smith Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301 City, State, and Zip
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 6D8, F.S.
Dimina Cura
Registered Agent's Signature (REQUIDED)
Registered a Signature (REQUIRED)
(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgr.	Virginia CWeeks 111 Smith Street Tayanassee, Fi. 32301
	an the date of filing: (OPTION must be specific and cannot be more than five busing.)
CLE V: Effective date, if other the effective date is listed, the date	must be specific and cannot be more than five busin
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of filing required SIGNATURE:	must be specific and cannot be more than five busing.)
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of fility or 90 days after the date of	must be specific and cannot be more than five busing.) Light Culcuments The property of an authorized representative of a member. The following the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of filities. REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false constitutes a third degree with section of the section o	must be specific and cannot be more than five busing.) The control of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee