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13 APR 15 PN 1: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 1 6 2013

EXAMINER

\$125.00 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:

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

Principal Office Address:

00

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

PARAVILA

TERRA (ETA ISLAND, F) 34250	TERRA CEIR IS had, F) 34250
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the reg	Petrold HASS
	re Deive Fig. 7. Fig.
TERRA CEIA ISHI	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

The name and address of each	ch Manager or Managing Member is as foll	
		FILED
<u>Title:</u> "MGR" = Manager	Name and Address:	13 APR 15 PM 1: 24
"MGRM" = Managing Mem	nber	
MGR	Robert T. Peta	SECRETARY OF STATE
•	12-17 BAYSHORE DR TERRA CON ISHAND, FI	34250
MGR	WHITE A. Petre	18
	1217 BAINS GADE DR TEXASSIN TSh-C, FI	34250
	·	
(Use attachment if necessary	y)	
	er than the date of filing: Late must be specific and cannot be more filing.)	
REQUIRED SIGNATURE	C:	
	m And	
Signature o	f a member or an authorized representative of a	member.
(In accordance with a constitutes an affirm I am aware that any to constitutes a third de	section 608.408(3), Florida Statutes, the execution of ation under the penalties of perjury that the facts stated false information submitted in a document to the De- gree felony as provided for in s.817.155, F.S.)	of this document ted herein are true.
	Robert T. Petada 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)

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