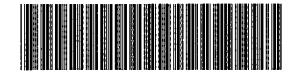
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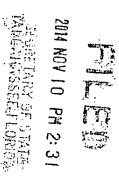
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Office Use Only



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COVER LETTER

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TO: Registra Division	tion Section of Corporations			
SUBJECT:	957 Forest 14: Name of Lin	11 Dr.ve LLC nited Liability Company		
The enclosed Arti	cles of Organization and fee(s) are	re submitted for filing.		
Please return all co	orrespondence concerning this ma	atter to the following:		
	Carol D	Pean Haas Name of Person		
<u></u>	radford N. Hoas and	L Carol Dean Haas Firm/Company	Trust	
	35412 C	rescent Dr.ve		
	Fruitland	Park F1 34	1731	
<u> </u>	naas, rentals 6 ar E-mail address: (to be-used		ation)	2014 NOV
For further inform	ation concerning this matter, plea	ase call:	388% ANY A	
Carol D	ean Haus at (5) Name of Person	352 <u>459 - 2</u> Area Code Daytime Tel	lephone Number	PH 2:31
Enclosed is a chec	k for the following amount:			
3 \$125.00 Filing Fe	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 enclose	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Add Registration Section Division of Corporat Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
957 Forest Hill (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
35412 Crescent Drue Fruitland Park, Fl \$34731	35412 Crescent Drue Fruitland Park, Fl 34231
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
<u>Carol Dean</u> Name	Haas Nov To
35412 Crescen	FURLE TO THE
Florida street address (P.O. Box N	(OT acceptable)
Fru. Hand Park City	FL 34731
City	Zip ON SIA
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance rations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Carol Dean Hos, MGA	35412 Crescent Drive Fruitland Park, F1 34731
Bradford N. Haas, MER	35412 Crescent Drive Fruitland Park, F1.34731
N. Hoas and Carol Dean Hoas Trust A	MBR 35412 Crescent Drive
,	MBR 35412 Crescent Druc Fruitland Park, F13473
(Use attachment if necessary)	Fruitland Park, F13473
(Use attachment if necessary)	Prustland Park, F13773
(Use attachment if necessary) TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 da
(Use attachment if necessary) TICLE V: Effective date, if other than the date of	filing: (OPTIONAL)
(Use attachment if necessary) TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified.	filing: (OPTIONAL)
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