

LSDB010944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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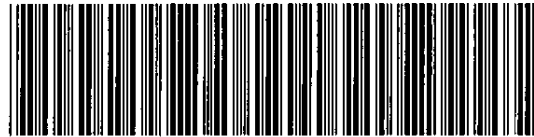
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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LLC

1. 3629 Devonshire, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

3629 Devonshier, LLC

ARTICLE II - ADDRESS

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

Principal Office Address:

2411 Wood Pointe Drive
Key Vista, Holiday, Florida 34691

Mailing Address:

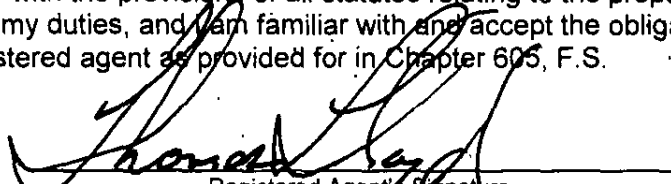
2411 Wood Pointe Drive
Key Vista, Holiday, Florida 34691

**ARTICLE III - INITIAL REGISTERED AGENT,
REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the Registered Agent are:

Thomas Lloyd
2411 Wood Pointe Drive
Key Vista, Holiday, Florida 34691

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 605, F.S.



Registered Agent's Signature
(Thomas Lloyd)

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ARTICLE IV - MANAGEMENT

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member
"MGR" = Manager

2411 Wood Pointe, LLC,
a Florida limited liability company
2411 Wood Pointe Drive
Key Vista, Holiday, Florida 34691

AMBR

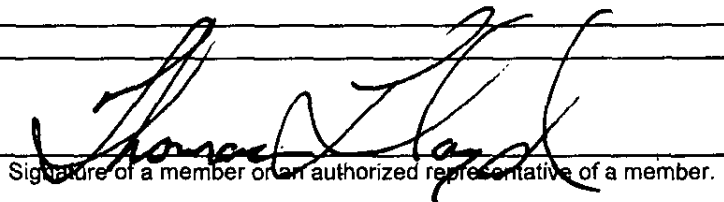
ARTICLE V - EFFECTIVE DATE

Effective date, if other than the date of filing: N/A

ARTICLE VI - OTHER PROVISIONS

Other provisions, if any:

None


Signature of a member or an authorized representative of a member.

(In accordance with Section 605.0203(1)(b), 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 Section 817.155, F.S.)

Thomas Lloyd

Typed or printed name of signee.

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