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COVER LETTER

	egistration Section vivision of Corporations
SUBJECT	MINTON ROAD DEVELOPMENT, L.L.C.
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	J. COLE OLIVER
	Name of Person
	ROSSWAY SWAN, P.L.
	Firm/Company
	1901 S HARBOR CITY BLVD SUITE 500
	Address
	MELBOURNE FL 32901
	City/State and Zip Code coliver@rosswayswan.com
·	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	COLE OLLIVER 321 984-2700
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	iling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	DEVELOPMENT, L.L.C. end with the words "Limited Li	ability Company	"I C " or "I C ")
(iviust)	and with the words. Emilied Er	aomity Company,	b.b.c., or bbc.)
ARTICLE II - Address: The mailing address and stre	et address of the principal offic	ce of the Limited	Liability Company is:
<u>Prii</u>	ncipal Office Address:		Mailing Address:
516 DELANNO	Y AVENUE	516 [DELANNOY AVENUE
COCOA FL 329	22-7814	COC	OA FL 32922-7814
The Limited Liability Comp nother business entity with	Agent, Registered Office, & I bany cannot serve as its own Re an active Florida registration.)	egistered Agent. Y	t's Signature: 'ou must designate an individual or
(The Limited Liability Companother business entity with	eany cannot serve as its own Re an active Florida registration.) reet address of the registered ag	egistered Agent. Y	
(The Limited Liability Companother business entity with	eany cannot serve as its own Re an active Florida registration.) reet address of the registered ag	egistered Agent. Y	
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(The Limited Liability Companother business entity with	pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag J. COLE OLIVER N 1901 S HARBOR CITY	egistered Agent. Y gent are: lame / BLVD, SUITE	ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	JIM SWANN
	516 DELANNOY AVENUE
	COCOA FL 32922-7814
MGR	ARTHUR F. EVANS, III
	1698 W HIBISCUS BLVD SUITE A
	MELBOURNE FL 32901
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ARTICLE IV-