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COVER LETTER

Division of Corporations
SUBJECT: Old Spanish Trail LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Davin Mc Sicare Name of Person
Firm/Company
58 Royster Dr.
Crowford ville \$1, 32327
E-pail address: (to/be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

Mailing Address:

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

Principal Office Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Exemples Dr. 32377
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 registration.)
The name and the Florida street address of the registered agent are: Compared to the content of the registered agent are: Compared to the content of th
Having been named as registered agent and to accept service of process for the above stated limited liability company at the ablace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and im familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agentls Signature (REQUIRED)
(CONTINUED)

The name and address of each person author	ized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: David K. M. Onaug Strange dutte 71, 3222
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be specifi the date of filing.)	the applicable statutory filing requirements, this date will not be listed a tate's records.
REOUIRED SIGNATURE:	A Cu D
This document is executed in I am aware that any false information constitutes at third degree fer	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation spanitted in a document to the Department of State ony as provided for in s.817.155, F.S. Typed or printed name of signed
,	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-