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SECRETARY OF STATE

COVER LETTER

10:	Division of Corporations
CHD 1E	Isles 7000, LLC.
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Richard Fisher
	Name of Person
	Firm/Company
	520 NW 78th Terrace
	Address
	Plantation, Florida 33324
	City/State and Zip Code richard.c.fisher@comcast.net
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Richard Fisher 954 465-4939 at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Siling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$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

A	RT	IOI	ÆI	- N	Vа	me:
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The name of the Limited Liability Company is:

Isles 7000, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

520 NW 78th Terrace	520 NW 78th Terrace
Plantation, Florida 33324	Plantation, Florida 33324

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:

Richard Fisher

520 NW 78th Terrace

Florida street address (P.O. Box NOT acceptable)

Plantation Florida 33324

City State 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AK	HUL	L I	ν-
The	name	and	d a

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Richard Fisher
	520 NW 78th Terrace
	Plantation, Florida 33324
AMBR	Rhonda Fisher
	520 NW 78th Terrace
	Plantation, Florida 33324
-	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	date of filing: (OPTIONAL)
(If an effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block does not the document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	on state's records.
ARTICLE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
REOUIRED SIGNATURE:	
ALVOIRED SIGNATURE:	\rightarrow
_ Kensil	pall
	member or an authorized representative of a member.
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State
constitutes a third de	gree felony as provided for in s.817.155, F.S.

Richard Fisher

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)