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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	Erie Development, LLC	
SUBJEC		mited Liability Company
The enclo	osed Articles of Organization and fee(s) a	re submitted for filing.
Please re	eturn all correspondence concerning this m	natter to the following:
	Sameh R. Elseed	•
		Name of Person
	11561 Wellman Drive	
		Firm/Company
	Riverview FL 33578	
		Address
		City/State and Zip Code
	E-mail address: (to be used	d for future annual report notification)
For further	r information concerning this matter, pleas	se call:
		13 843-8532
	Name of Person A	Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:	
	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Erie Development, LLC		_
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	Seka Limite H lakilin Camana iy	
The maining address and street address of the principal office	or the Elimited Elability Company is.	
Principal Office Address:	Mailing Address:	
11561 Wellman Drive	11561 Wellman Drive	
Riverview FL 33578	Riverview FL 33578	
ARTICLE III - Registered Agent, Registered Office, & Re		
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	stered Agent. You must designate an individual or	3471
(The Limited Liability Company cannot serve as its own Regi	stered Agent. You must designate an individual or	- 19 A
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered agen Sameh R. Elseed	stered Agent. You must designate an individual or t are:	19 APR
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	t are:	19 APR 15
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered agen Sameh R. Elseed	t are:	19 APR 15 M
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered agenth Sameh R. Elseed Nameh R. Elseed	t are:	19 APR 15 MIII
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered agen Sameh R. Elseed Nar 11561 Wellman Drive	t are:	19 APR 15 M11: 32

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)

"AMBR" = Authorized Member "MGR" = Manager		
MGR	Sameh R. Elseed	
	11561 Wellman Drive	
	Riverview FL 33578	i/;
AMBR	Eman G. Elseed	<u> </u>
AMBR	11561 Wellman Drive	APR 15
	Riverview FL 33578	, AD
		S
	<u> </u>	- F. 11 F. 2
		_
(Use attachment if necessary)		37
CLE V: Effective date, if other than the date of fil	iling: (OPTIONAL)	
effective date is listed, the date must be specific ste of filing.)	c and cannot be more than five business days prior to or 90	u days i
	the applicable statutory filing requirements, this date will no	ot be lis
- ocument's effective date on the Department of St		
CI PAUL Och		
CLE VI: Other provisions, if any.		
-		

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

as

Sameh R. Elseed

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)