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(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Zi	p/Phone #)		
PICK-UP W	AIT MAIL		
(Business Er	itity Name)		
(Document Number)			
Certified Copies Cer	tificates of Status		
Special Instructions to Filing Offi	cer:		

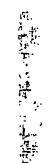
Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: CASA FLORA RIDGE, 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:					
2					
BARBARA A. FICHTHORN Name of Person					
Trume of Ferrom					
Firm/Company					
788 SHELL ST. Address					
SATELLITE BEACH, FL 32937 City/State and Zip Code					
barbfichthorne earthlink.net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
BARBARA A. FICHTHORN (407) 221-0892					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status}\$\int \text{Certified Copy}\$					
(additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Mailing Address: Street Address:					

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

Ā	R	T	CI	Æ	I	-	Na	me:	
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The name of the Limited Liability Company is:

CASA FLORA RIDGE, 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:

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:

BARBARA A. FICHTHORN

Name

788 SHELL ST.

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

SATELLITE BEACH, FL 32937
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)

ARTICLE IV-

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

	Title: "AMBR" ≅ Authorized	Mambar	Name and Address:
	"MGR" = Manager AMBR		BARBARA A. FICHTHORN 788 SHELL ST. SATELLITE BEACH, FL 32937
	AMBR		PHILIP R. FICHTHORN 188 SHELL ST. SATELLITE BEACH, FL 32937
ARTICL If an effe he date o	ective date is listed, the of filing.)	ther than the date of filing: date must be specific and	(OPTIONAL) I cannot be more than five business days prior to or 90 days after
the docur	ment's effective date on	the Department of State's	applicable statutory filing requirements, this date will not be listed a srecords.
ARTICI.	E VI: Other provisions, i	if any.	
	REOUIRED SIGNAT	ure:	

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.

BARBARA A. FICHTHORN

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)