L22000126945

(Re	questor's Name)	
(Ad	dress)	
(Δ.d	dress)	
(10	uiess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•	,	•,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Till	
Special Instructions to	Filing Officer:	
		'

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOT 126 REUNIC	ON PH2 LLC		
			<u> </u>
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	— — — — Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In		Jp	Courier

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Lot 126 Reunion Ph2 LLC		
50000		f Limited Liabi	lity Company
The enclo	osed Articles of Organization and fee(s) are submitted	1 for filing.
Please ret	turn all correspondence concerning th	is matter to the	following:
	Mimi Bared		
		Name of	Person
	Bared and Associates, PA		
		Firm/Co	отрапу
	201 Alhambra Circle, Suite 501		
		Addr	ess
	Coral Gables, FL 33134		
	mimi@baredlaw.com	City/State an	d Zip Code
	E-mail address: (to be	used for future a	innual report notification)
For further	information concerning this matter, p.	lease call:	
	Mimi Bared	305	666-6010
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	LJCertific	0 Filing Fee & \$160.00 Filing Fee, cd Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	1	Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	9	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

:D

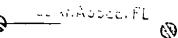
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The name of the Limited Liability Company is:

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Lot 126 Reunion PH2 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:
4725 W Sand Lake Road	
Suite 200	***************************************
Orlando, FL 32819	

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:

Pablo R. Bared, Esq		
	Name	
201 Alhambra Circle	e, Suite 501	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Coral Gables	FL	33134
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..

/s/ Pablo R. Bared

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorize	d Member	Name and Address:
"MGR" = Manager	a IFICHIUGI	
MGR		Luis A. Flores
	_	4725 W Sand Lake Rd Suite 200
		Orlando, FL 32819
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ARTICLE IV-