Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031

Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			
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FLORIDA LIMITED LIABILITY CO. 629 MEADOW LAKE DR LLC

Certificate of Status	ı
Certified Copy	U
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

629 MEADOW LAKE DRILLC

(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:
629 Meadowlake Drive	629 Mendowlake Drive
Freeport FL 32439	Freeport FL 32439

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:

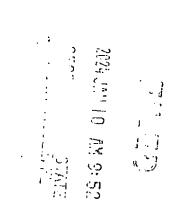
Gerard Murphy		
	מואלו	
629 Meadowlake Dr	ive	
Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)
Freeport	FL	32439
Οķ	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in Fis 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 Clapte 605. ISS

/s/ Gerard Murphy

Registered Agent's Signature (AEQ)(AED)

(CONTINUED)



	R" = Authorized Member = Manager	Same and Address:	
	<u>R</u>	Gerard Murphy 629 Meadowlake Drive Freeport FL 32439	
			
			
	achment if necessary) Tective date, if other than the da	ite of filing:	
(If an effective do the date of filing, <u>Note:</u> If the date	ite is listed, the date must be s)	specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be li-	
	ther provisions, if any,		
REOFI	RED SIGNATURE:		•
	/s/ Gerard Murph	ıy	
	This document is exec I am aware that any fal	number or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, lise information submitted in a document to the Department of State rece felony as provided for in s.817.155. F.S.	
	Gerard Murphy		
		Typed or printed name of signer	
		Filing Fees:	gi

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)