Division of Corporations Electronic Filing Cover Sheet

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(((H240004212313)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I20040000031 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.*

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FLORIDA LIMITED LIABILITY CO.

2425 Hideaway LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	101	[F]	 Na	me

The name of the Limited Liability Company is:

2425 Hideaway 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:

760 NW Enterprise Drive
Port St. Lucic, FL, 34986
1011 St. 12001C, 112, 24 2007

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:

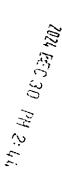
Domenic Iacovone		
	Name	
760 NW Enterprise	Drive	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Port St. Lucie	Florida	34986
City	State	Zip

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. Thereby 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/Domenic lacovone

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV	_
The name and	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Domenic Jacovone 760 NW Enterprise Drive Port St. Lucie, FL, 34986
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spetthe date of filing.)	of filing:
	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/Domenic Iacovor	
Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.
<u>Domenic Iacovor</u>	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)