

L9800000925

Rogers, Towers, Bailey, Jones & Gay

Requestor's Name

106 South Monroe St. - 2nd Floor

Address

Tallahassee, FL 32301 222-7200

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Arlington Properties Enterprises, L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED IN STATES
SECRETARY OF CORPORATIONS
RECEIVED
DIVISION OF CORPORATIONS
98 JUL -1 AM 8:10
AM 10:43
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

- Walk in
- Pick up time 7/1/98
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Please return
a filed stamp
copy of the
filed articles

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-07/01/98--01013--004
****285.00 ****285.00

BR
7/1/98

Examiner's Initials

**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED STATE
SECRETARY OF CORPORATIONS
98 JUL - 1 AM 10:43
DIVISION OF CORPORATIONS

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Arlington Properties Enterprises, L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: Michael A. Wodrich, Esq.
Name (Printed or typed)

1301 Riverplace Boulevard, Suite 1500
Address

Jacksonville, Florida 32207
City, State & Zip

904-346-5712
Daytime Telephone number

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

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DIVISION OF CORPORATIONS
98-101-1 AM 10:43

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arlington Properties Enterprises, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Cavco of North Florida, Inc.
9250 Baymeadows Road, Suite 220
Jacksonville, Florida 32256

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Felix A. Crawford c/o
Cavco of North Florida, Inc.
9250 Baymeadows Road, Suite 220
Jacksonville, Florida 32256

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon approval of 100% of all other members

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DIVISION OF CORPORATIONS
98 JUL -1 AM 10:13

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Not applicable

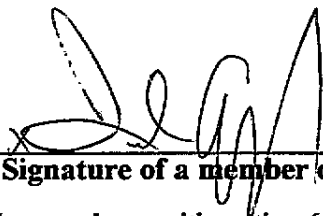
NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL -1 AM 10:43

The undersigned member or authorized representative of a member of _____
Arlington Properties Enterprises, LC deposits and says:

- 1) the above named limited liability company has ^{one} ~~at least two~~ members
- 2) the total amount of cash contributed by the member(s) is \$ 1,500,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0.
- 5) the total amounts of 2, 3 and 4 is \$ 1,500,000.



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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DIVISION OF CORPORATIONS
98 JUL - 1 AM 10:43

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Arlington Properties Enterprises L.C.

2. The name and address of the registered agent and office is:

Felix A. Crawford c/o

(NAME)

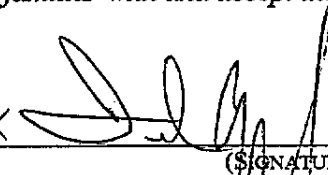
Cavco of North Florida, Inc., 9250 Baymeadows Road, Suite 220

(P. O. Box NOT ACCEPTABLE)

Jacksonville, Florida 32256

(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.

X 

(SIGNATURE)

(DATE)

Felix A. Crawford

Filing Fee: \$ 35 for Designation of Registered Agent