## Document Number (3/11) (1) 8929

C T Corporation System	<b>.</b>			
Requestor's Name 660 East Jefferson Stree	et .			
Address Tallahassee, FL 32301	± , =	1 5 1	003073701	·=
City State Zip	Phone		-12/17/9901051013 ****125.00 ****125.00	
CORPORAT	TION(S) NAME		*****1E3.UU ****1E3.U	ល្
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	AI Condo,	LLC	T P T	
( ) Profit ( ) NonProfit	() Amendr	nent	FLORIGE FLORIGE () Merger	.: * *
() Foreign	( ) Dissoluti	on/Withdrawal	() Mark	
() Limited Partnership () Reinstatement	( ) Annual Report ( ) Reservation		() Other () Change of R.A. () Fictitious Name	
() Certified Copy	() Photo C	opies	() CUS / G/S	
() Call When Ready  Walk In () Mail Out	() Call if Pr () Will Wait	oblem	() After 4:30 Pick Up	
Name Availability	12/17		RETURN EXTRA COPY(S)	• 
Document Examiner	31 240 20	VISION OF CORPORAIT TALLAHASSEE, FLORI		
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Verifier.				
Acknowledgment	ų	The state of the s		
W P Verifier				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	l Liability Compāñÿ is: A I Condo, LLC	
ARTICLE II - Address The mailing address and	s I street address of the principal office of the Limited Liability Company is	
	78 East Orange Chagrin Falls, Ohio 44120	
ARTICLE III - Registe	ered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florid	la street address of the registered agent are:	
	Name  1235 Mactauandajh Drive  Florida street address (P.O. Box NOT acceptable)  Oveda, FL 32765  City, State, and Zip	
at the place designated in the capacity. I further agree to	istered agent and to accept service of process for the above stated limited liability comp his certificate, I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relating to the proper and complete performa- tiliar with and accept the obligations of my position as registered agent as provided for Registered Agent's Signature	this ince
Article IV - Manageme	ent (Check box if applicable.)	
a manager - managed co	· · · · · · · · · · · · · · · · · · ·	ore,
	(An additional article must be added if an effective date is requested)  Elaine Halliday Revocable Trust UTA dated 11/26/96	J
	By: Signature of a member or an authorized representative of a member	- I <sup>-</sup>
	(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Elaine Halliday, Trustee  Typed or printed name of signee	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)