Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000421232 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

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 [7] annual report mailings. Enter only one email address please.

Email	Address:		

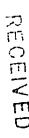
FLORIDA LIMITED LIABILITY CO.

2435 Hideaway LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	ГΙ	CI	.E	1 -	Na	me
----	----	----	----	-----	----	----

The name of the Limited Liability Company is:

2435 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	760 NW Enterprise Drive
Port St. Lucie, FL, 34986	Port St. Lucie, FL, 34986
	*

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 Jacovone		
	Name	
760 NW Enterprise	Drive	
Florida street addre	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)



<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Domenic Iacovone 760 NW Enterprise Drive Port St. Lucie, FL, 34986		
MGR			
(Use attachment if necessary)			
(If an effective date is listed, the date must be s the date of filing.)	te of filing:		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
/s/Domenic Iacovo	one		
This document is exec I am aware that any fal	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.		
Domenic Iacov	one		

Filing Fees:

Typed or printed name of signee

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

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