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(Requesto	or's Name)	
(Address)		
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(City/State	e/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Business	Entity Name	)
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(DOCUME)	it Number)	•
Certified Copies	Certificates o	f Status
Special Instructions to Filing	Officer:	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Holy Residential Proper	ties - 4834, L.L.C.	
	ame of Limited Liability Company)	
The enclosed Articles of Organization a	nd fee(s) are submitted for filing.	
Please return al	l correspondence concerning this matter to the following:	
Franklin J. Jaeger		
-	(Name of Person)	
	(Firm/Company)	
		04 SEC
5069 95th Street North, Suite	15	AL S
	(Address)	G-2
St. Petersburg, FL 3	3708	[nc0 ]
	(City/State and Zip Code)	E FLORID BHIZ: 00
For further information concerning this	matter, please call:	00 N
Franklin J. Jaeger	at ( 727 ) 319-6916	
(Name of Person)	(Area Code & Daytime Telephone Numbe	<u></u>

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	/ IS:
Holy Residential Properties - 4834, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10460 Roosevelt Boulevard,	10460 Roosevelt Boulevard,
Suite 138	Suite 138
St. Petersburg, FL 33716	St. Petersburg, FL 33716
ARTICLE III - Registered Agent, Register The name and the Florida street address of t	
Franklin J. Jaeger	The P
N	uite 15 PM IZ: 0
5069 95th Street North, St	uite 15
Florida street address	(P.O. Box NOT acceptable)
St. Petersburg, City, Sta	FLORIDA 33708 ate, and 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 as provided for in Chapter 608, Florida Statutes.

Registered Abent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Holy Enterprises, Inc. 10460 Roosevelt Boulevard, Suite 138 St. Petersburg, FL 33716 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)

Franklin J. Jaeger