104000082025

· (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number) Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only 🦣



500040777935

16/16/10-11000 012 **100.00

11/12/04--01005--005 **25.00



LOH 32025

TRANSMITTAL LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Prestige Realty Group, LLC	
(Name o	f Limited Liability Company)
The enclosed Articles of Organization and fee	(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
Sam Goodman	
	(Name of Person)
	(Firm/Company)
260 Monterey Drive	
	(Address)
Naples, FL 34119	
	(City/State and Zip Code)
For further information concerning this matter	r, please call:
Sam Goodman	at (239) 352-1556
(Name of Person)	(Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 9, 2004

SAM GOODMAN 260 MONTEREY DRIVE NAPLES, FL 34119

SUBJECT: PRESTIGE REALTY GROUP, LLC

Ref. Number: W04000033824

We have received your document for PRESTIGE REALTY GROUP, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 004A00054047

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office		the principal office of the Limited Liability Compan Mailing Address:
260 Monterey Dr.		260 Monterey Dr
Naples, FL 34119		Naples, FL 34119
-		
····		
ARTICLE III - I	Registered Agent, Reg	stered Office, & Registered Agent's Signature:
		stered Office, & Registered Agent's Signature: f the registered agent are:
		stered Office, & Registered Agent's Signature: f the registered agent are:
	e Florida street address o	
	e Florida street address of Sam Goodman	f the registered agent are:
	Sam Goodman 260 Monterey Dr.	f the registered agent are:
	Sam Goodman 260 Monterey Dr.	f the registered agent are:
	Sam Goodman 260 Monterey Dr. Florida street address of the stree	f the registered agent are: Name Pess (P.O. Box NOT acceptable)
	Sam Goodman 260 Monterey Dr. Florida street address of the street	f the registered agent are: Name ess (P.O. Box NOT acceptable) FLORIDA 34119
	Sam Goodman 260 Monterey Dr. Florida street address of the street	f the registered agent are: Name Pass (P.O. Box NOT acceptable)
The name and the	Sam Goodman 260 Monterey Dr. Florida street address of the control of the contro	f the registered agent are: Name Ess (P.O. Box NOT acceptable) FLORIDA 34119 State, and Zip
The name and the	Sem Goodman 260 Monterey Dr. Florida street additional Street add	f the registered agent are: Name ess (P.O. Box NOT acceptable) FLORIDA 34119 State, and Zip ept service of process for the above stated limited liabil
The name and the ng been named as res vany at the place desi	Sam Goodman 260 Monterey Dr. Florida street additional street ad	f the registered agent are: Name ess (P.O. Box NOT acceptable) FLORIDA 34119 State, and Zip ept service of process for the above stated limited liabil I hereby accept the appointment as registered agent a
The name and the ng been named as res vany at the place desi	Sam Goodman 260 Monterey Dr. Florida street additional street ad	f the registered agent are: Name Pess (P.O. Box NOT acceptable) FLORIDA 34119 State, and Zip Pept service of process for the above stated limited liable

Registered Agent'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: "MGR" = Manager "MGRM" = Managing Member MGRM William J. Bradley 5490 Yahl St., Suite 20 Naples, FL 34109 (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.

(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.)

Sam Goodman

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)

IALL/ILISSEE FLORIDA