

L17000231137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

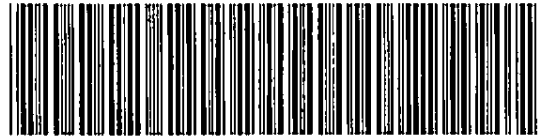
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T. SCOTT



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APPROVED AND FILED
NOV 9 9:16
STATE OF FLORIDA
TALLAHASSEE

November 11, 2017

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Reference: Biber Paradise Properties LLC Florida Document number: L13000033513

Dear Department:

It has come to our attention that our Limited Liability Company has become administratively dissolved for non payment of our annual report.

At this time I would ask the state to release our current document number for Biber Paradise Properties LLC Number L13000033513.

Further I am submitting new articles of organization that I would ask that you file on my behalf.

Thanking you for your assistance with these matters.

Sincerely,

Ernst Weimann
Managing Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIBER PARADISE PROPERTIES 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:

709 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914

SAME

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:

RONALD ST. CLAIR

Name

709 CAPE CORAL PARKWAY W

Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL

FL

33914

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 as provided for in Chapter 605, F.S.

Ronald St Clair

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ERNST WEIMANN

709 CAPE CORAL PARKWAY W

CAPE CORAL, FL 33914

AMBR

HILTRUD WEIMANN

709 CAPE CORAL PARKWAY W

CAPE CORAL, FL 33914

(Use attachment if necessary)

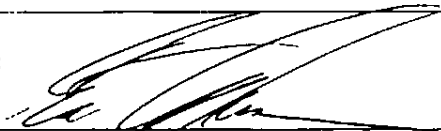
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ERNST WEIMANN

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)