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(Requestor's Name)						
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(C	ity/State/Z	(ip/Phone #)				
PICK-UP		VAIT	MAIL			
(B	usiness E	intity Name)				
(De	ocument	Number)				
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SECKETARY OF STATE A

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Julsey Properties, LLC	11:1	<u></u> -	<u></u>	
(Name of Limited	d Liability Com	pany)		
The enclosed Articles of Organization and fee(s) are su	ıbmitted for filir	ng.		
Please return all correspondence concerning this matte	r to the followir	ıg:		
Kenneth L. Salomone, Esq.		_	···	
0	Name of Person)			
Kenneth L. Salomone, P.A.			÷	
(1	Firm/Company)		<u> </u>	
1701 W. Hillsboro Blvd., Suite 302	-			
	(Address)			
Deerfield Beach FL	33442			
(City/	State and Zip Co	de)		• •
For further information concerning this matter, please	call:			
Kannath I. Calamana	054	571 0010		
(Name of Person)	at (_954 (Area Co) 571-9910 ode & Daytime Te	Jenhone Number)	
(,	Ç		······································	
Enclosed is a check for the following amount:				
\$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co	Filing Fee &	S160.00 Filling The, Certificate of Status &	
ostanout of Status	(additional cop		Certified Copy	**************************************
			(additional copy is enclosed)	<u>اسائنگ</u> ا
STREET ADDRESS:		MAILING A	ODRESS: THE TO	
Registration Section		Registration Se	ection '글글 갓	**************************************
Division of Corporations		Division of Co	rporations	
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Fl		

ARTICLES OF ORGANIZATION FOR FLÓRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Julsey Properties, LLC		<u> </u>
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
Cynthia Murphy-Salomone	6000 NW 60th Court, Parkland, FL	33067
	·	=
The name and the Florida street address of the r Kenneth L. Salomone, P.A. Name 1701 W. Hillsboro Blvd., Suite		
Deerfield Beach	FL 33442	
City, State,	and Zip	<u>.</u>
Having been named as registered agent and to liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as region. Registered Agent'	this certificate, I hereby accept the ly. I further agree to comply with the erformance of my duties, and I amy istered agent as provided for in Charles	appointment as he provisions of all hypilia <u>r</u> with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MRGM	Cynthia Murphy-Salomone 6000 NW 60th Court Parkland, FL 33067	— · · · · · · · · · · · · · · · · · · ·
		_
		_
		_
(Use attachment if necessary)	added if an effective data in account of	
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution	
of this document constitutes that the facts stated herein Kenneth & Salomone	s an affirmation under the penalties of perjury a are true.)	
	or printed name of signee	3 3
Filing Fees: \$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation ARCHAR ARCHAR CEL S	TIED