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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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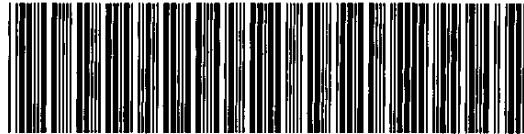
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

TRANSMITTAL LETTER

April 26, 2007

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

SUBJECT: PONS FAMILY PROPERTIES, LLC

Enclosed please find an original and one (1) copy of the Articles of Organization for the above LLC.

Also enclosed is a check for One Hundred and Twenty Five dollars (\$125.00) to cover filing fee and designation of Registered Agent.

FROM:

RICHARD CAMP, CPA, PA

Name

6817 Southpoint parkway, Suite 2201

Address

Jacksonville, Florida 32216

City, State, Zip

904) 281-9924

Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: **PONS FAMILY PROPERTIES, LLC**

ARTICLE II – Address of Principal Office:

The street address of the principal office of the Limited Liability Company is:

14344 Silvertip Court, Jacksonville, FL 32258

ARTICLE III – Mailing Address of Limited Liability Company:

The mailing address of the Limited Liability Company is:

14344 Silvertip Court, Jacksonville, FL 32258

ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

RICHARD CAMP, CPA

Name

6817 Southpoint Parkway, Suite 2201

Florida street address (P. O. Box not acceptable)

JACKSONVILLE, FL 32216

City, State, 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 completed 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, F. S.

RICHARD CAMP, CPA

By: 

Richard Camp, Authorized Signatory

Date: 7/31/07

ARTICLE V – Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.


Signature of a member or an authorized representative of a member

MANAGING MEMBER, authorized representative

(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.)

WILLIAM JAMES PONS

Typed or printed name of signee

FILING FEES

\$100.00 Filing Fee for Articles of Organization

\$25.00 for Designation of Registered Agent

\$30.00 for Certified Copy (OPTIONAL)

\$5.00 for Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA