

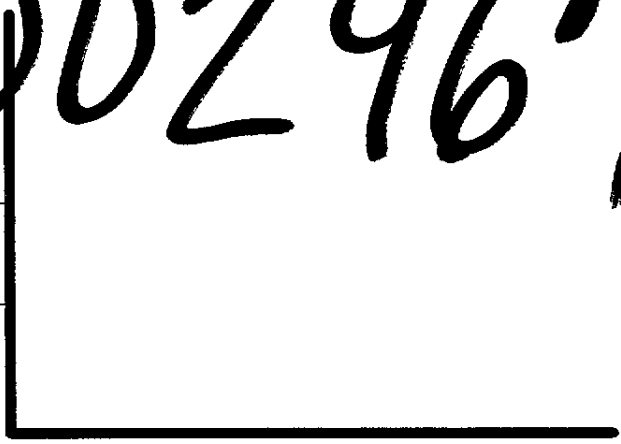
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Deputy Clerk
Box 6505
Winter Spgs, FL 32719

Address

City/State/Zip Phone #



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. ASSUMABLE PROPERTIES LLC
(Corporation Name) (Document #) 100003167641--3
-03/13/00--01138--002
***125.00 ***125.00
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 MAR 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
WR 3/15

Examiner's Initials

MARCH 9, 2000

FLORIDA DEPT OF STATE

DIV OF CORP.

P.O. BOX 6327

TALLAHASSEE, FL 32314

DEAR DEPT OF STATE,

ENCLOSED YOU WILL FIND
ARTICLES OF ORGANIZATION FOR ASSUMABLE
PROPERTIES LLC AND A CHECK FOR \$125.

IF YOU HAVE ANY QUESTIONS PLEASE CALL:

DENNIS CALLEN

P.O. BOX 6505

WINTER SPRINGS, FLA 32719

(407) 299-2496

OR

(407) 421-8135 CELL PHONE

THANK YOU,

Dennis Callen

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 13 PM 3:28

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASSUMABLE PROPERTIES LLC

ARTICLE II - Address:

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

MAILING ADDRESS: P.O. BOX 6505, WINTER SPRINGS, FLA. 32719

9701 S.R. 434, ALTAMONTE SPRINGS, FLA. 32714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DENNIS CALLEN

Name

9701 STATE HWY 434

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

ALTAMONTE SPRINGS FL 32714

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 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, F.S..

Dennis Callen

Registered Agent's Signature

Article IV - 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.

(An additional article must be added if an effective date is requested)

Dennis Callen

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.)

DENNIS CALLEN

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)

FILED
00 MAR 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA