



L0200000/2029

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REFERENCE : 584005 81823A

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 125.00

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02 MAY 17 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 16, 2002

ORDER TIME : 2:45 PM

ORDER NO. : 584005-005

CUSTOMER NO: 81823A

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CUSTOMER: Stephen Navaretta, Esq
Navaretta & Navaretta
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1100 Sw St. Lucie West Blvd
Port St. Lucie, FL 34986

AL

DOMESTIC FILING

NAME: ST. LUCIE REALTY ASSOCIATES,
LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

RECEIVED
02 MAY 16 PM 4:23
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ST. LUCIE REALTY ASSOCIATES, LLC**ARTICLE II - Address:**

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

16 HERONS NEST, STUART, FL 34996**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

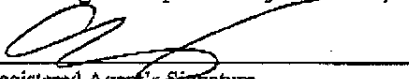
STEPHEN NAVARETTA

Name

1100 SW ST LUCIE QUEST BLVDFlorida street address (P.O. Box **NOT** acceptable)PORT ST. LUCIE FL 34986

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.


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)


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.)

WARD I. SNYDER, MANAGER

Typed or printed name of signer

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)

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