

# L02000012998

## TRANSMITTAL LETTER

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

300005597993--1  
-05/22/02--01060--019  
\*\*\*125.00 \*\*\*125.00

SUBJECT: ALANDA PROPERTY MANAGEMENT, LLC  
(PROPOSED NAME OF LIMITED LIABILITY COMPANY)

Enclosed are an original and one (1) copy of the articles of organization and a check for:

☒ \$125                      ☐ \$130  
Filing Fee                      Filing Fee

FROM: Susan E. Bau  
Name (Printed or typed)  
2845 Hancock Creek Rd.  
Address  
West Palm Beach, FL 33411  
City, State & Zip  
(800) 440-5790  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

FILED  
02 MAY 22 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR THOMAS  
5/29

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name

The name of the limited liability company shall be: Alanda Property Management, LLC

## ARTICLE II – Address:

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

2845 Hancock Creek Road  
West Palm Beach, Florida 33411

## ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

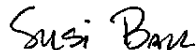
W. Allen Ball  
2845 Hancock Creek Road  
West Palm Beach, Florida 33411

*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

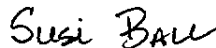
## ARTICLE IV – Management (Check box if applicable.)

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



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.)



Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA