

W03000030565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

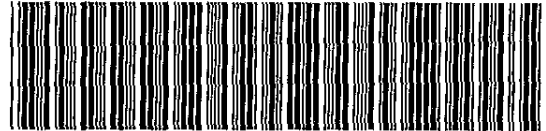
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TALLAHASSEE FLORIDA

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# *Asset Protection Legal Group, L.L.P.*

SALT LAKE CITY OFFICE  
34 SOUTH 600 EAST  
SALT LAKE CITY, UTAH 84102  
(801) 595-1200  
FAX: (801) 595-1250

*(Formerly known as Milton & Burningham)*

ATTORNEYS AND COUNSELORS AT LAW

NEWPORT BEACH OFFICE  
4590 MACARTHUR BOULEVARD  
SUITE 500  
NEWPORT BEACH, CALIFORNIA 92660

SAN FRANCISCO OFFICE  
500 AIRPORT BOULEVARD  
SUITE 100  
BURLINGAME, CALIFORNIA 94010

August 20, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: FAUX PAS PROPERTIES, LLC

To Whom It May Concern:

Transmitted herewith for filing in your office are copies of the Articles of Organization for the Faux Pas Properties, LLC.

Also enclosed is a check for \$125.00 (\$100.00 for the filing fee and \$25.00 for Designation of Registered Agent).

All correspondence concerning this limited liability company should be directed to the following:

Barbara Von Papen  
2398 Sonoma Drive  
Nokomis, Florida 34275  
(941) 536-0215

Thank you for your assistance.

Very truly yours,

Chris B. Turner  
Attorney at Law

CBT/sks

Enclosures

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Faux Pas Properties, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Von Papen  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2398 Sonoma Drive  
(Address)

Nokomis, Florida 34275  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Von Papen at ( 941 ) 536-0215  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Faux Pas Properties, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2398 Sonoma Drive  
Nokomis, Florida 34275

**Mailing Address:**

2398 Sonoma Drive  
Nokomis, Florida 34275

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

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

Barbara Von Papen  
Name  
2398 Sonoma Drive  
Florida street address (P.O. Box NOT acceptable)  
Nokomis FL 34275  
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.*

Barbara von Papen  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Bert Von Papen  
2398 Sonoma Drive  
Nokomis, Florida 34275

MGR

Barbara Von Papen  
2398 Sonoma Drive  
Nokomis, Florida 34275

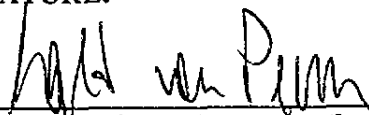
 

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

Bert Von Papen

\_\_\_\_\_  
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)