

L04 0d00 37942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

~~wait - 16427~~

Office Use Only



300033045703

04/20/04--01028--003 **100.00

05/20/04--01003--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -3 PM 12:30



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 28, 2004

WILLIAM NUGENT
4725 LUCERNE LAKES BLVD., #211
LAKE WORTH, FL 33467

SUBJECT: PROPERTY TRUST
Ref. Number: W04000016427

We have received your document for PROPERTY TRUST and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 004A00028456

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -3 PM 12:30

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROPERTY TRUST
(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:

WILLIAM NUGENT
(Name of Person)

(Firm/Company)

4725 LUCERNE LAKES BLVD. #211
(Address)

LAKE WORTH, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM NUGENT at () N/A
(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

04 MAY -3 PM 12:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROPERTY TRUST, "LLC"

ARTICLE II - Address:

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

Principal Office Address:

4725 LUCERNE LAKES BLVD #211
LAKE WORTH, FL 33467

Mailing Address:

← SAME

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

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

WILLIAM NUGENT

Name

4725 LUCERNE LAKES BLVD. #211

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

LAKE WORTH FLORIDA 33467

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, Florida Statutes..


Registered Agent's Signature

04:12:30 PM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

WILLIAM NUGENT
4725 LUCERNE LAKES BLVD #211
LAKE WORTH, FL 33467

(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.)

WILLIAM NUGENT

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -3 PM 12:30