

LD4000058080

(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:

Office Use Only



000038728500

08/05/04 01003-016 \*\*155.00

FILED  
04 AUG -5 PM 1:44  
STATE  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT



UCC FILING & SEARCH SERVICES, INC.  
 526 East Park Avenue  
 Tallahassee, Florida 32301  
 (850) 681-6528

**HOLD**  
 FOR PICKUP BY  
 UCC SERVICES  
 OFFICE USE ONLY

August 5, 2004

**CORPORATION NAME (S) AND DOCUMENT NUMBER(S):**

Selective Property Group LLC

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Retrieval Request**

- Photocopy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
04 AUG -5 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Selective Property Group LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

125 Sea Lily Lane

125 Sea Lily Lane

Ponte Vedra Beach, FL 32082

Ponte Vedra Beach, FL 32082

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

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

Jeannette Bajalia

Name

125 Sea Lily Lane

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

Ponte Vedra Beach FLORIDA 32082

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

**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:**

MGRM

Leo A & Reba T Pickett

125 Sea Lily Lane

Ponte Vedra Beach, FL 32082

MGRM

Costandi & Lila B. Mashni

7868 Turnstone Circle E

Jacksonville, FL 32256

MGRM

Anwar A & Julie Azzouz

709 Fair Oaks Lane

Jacksonville, FL 32246

MGR

George A Koury

11136 Rivercreek Dr W

Jacksonville, FL 32223

(Use attachment if necessary)

*SEE ATTACHMENT*

**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.)

Jeannette Bajalia

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)**

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

**Title:**

**Name and Address:**

MGR

Jeannette Bajalia  
125 Sea Lily Lane  
Ponte Vedra Beach, FL 32082