

L0400000 65731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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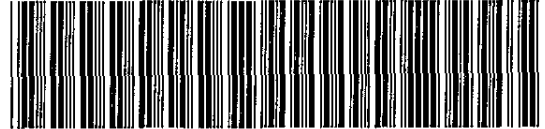
(Business Entity Name)

(Document Number)

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**CORPORATE
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INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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1.) Palmer's 4 Star Homes, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

ARTICLES OF ORGANIZATION FOR
PALMER'S 4 STAR HOMES, LLC,
a Florida Limited Liability Company

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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.

ARTICLE I - Name

The name of this limited liability company shall be "PALMER'S 4 STAR HOMES, LLC"

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 7914 Eddystone Way, Melbourne, Florida 32940.

ARTICLE III - Management

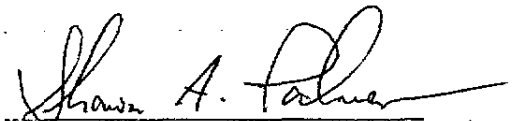
The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial managing managers are Shawn A. Palmer and Terri-Ann Palmer, husband and wife, as tenants by the entireties with full rights of survivorship and Ryan R. Palmer and Alicia A. Palmer, husband and wife, as tenants by the entireties with full rights of survivorship.

ARTICLE IV

Registered Agent, Registered Office and Registered Agent's Signature

The name and Florida street address of the registered agent is Shawn A. Palmer at 7914 Eddystone Way, Melbourne, Florida 32940. 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..

Dated this 25th day of August, 2004.

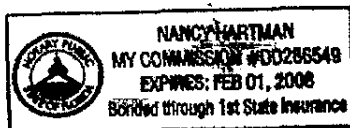


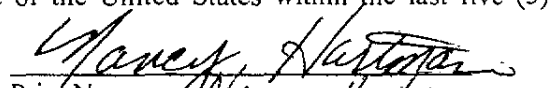
Shawn A. Palmer, Managing Member
and Registered Agent

STATE OF FLORIDA

COUNTY OF Brevard

The foregoing Articles of Organization were acknowledged before me this 25th day of August, 2004, by SHAWN A. PALMER. Said person did not take an oath and (check one) ☐ is personally known to me, or ☐ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.




Print Name: Nancy Hartman
Notary Public - State of Florida
Commission Number: #DD286549
My Commission Expires: FEB. 01, 2008