

L04000066645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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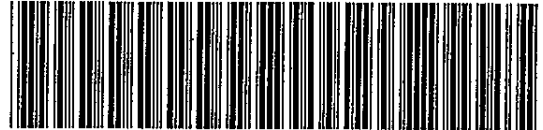
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



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09/08/04--01013--009 \*\*160.00

FILED  
2011-09-08 PM 3:01  
SPEECH/CTE  
TALLAHASSEE, FL

Steve and Pam Alpert  
317 E. Mill Chase Court  
Ponte Vedra, FL 32082

September 3, 2004

(904)285-0067

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311  
SEP 3 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PVB 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:

Steven A. Alpert  
(Name of Person)

PVB Properties, LLC  
(Firm/Company)

317 East Mill Chase Court  
(Address)

Donte Vendra Beach FL 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Alpert at (904) 234-6655  
(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

FILED  
SEP 2 2 3 04  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PVB Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

317 East Mill Chase Ct  
Ponte Vedra Beach FL 32082

**Mailing Address:**

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

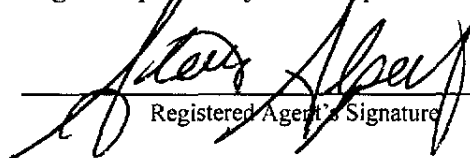
The name and the Florida street address of the registered agent are:

STEVEN  
Stephen A. Alpert  
Name

317 East Mill Chase Ct  
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

2011-08-10 10:04  
SECRETARY OF STATE  
FALLS CHURCH, VA

FILED

**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

Steven A. Alpert  
317 East Millchase Court  
Ponte Vedra Beach FL 32082

(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.)

Steven A. Alpert  
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)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>PVB Properties LLC</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>317 East Mill Chase Court</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>Ponte Vedra Beach FL 32082</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>St. Johns Florida</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>Steven A. Alpert</b>		7b SSN, ITIN, or EIN <b>182-52-6450</b>
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
	8b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____		
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Real Estate</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) <b>August 1 2004</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". Agricultural _____ Household _____ Other _____			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Real Estate</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>Michael Spabbo</b>	Designee's telephone number (include area code) <b>(843) 402-0300</b>
	Address and ZIP code <b>852 Orleans Rd Charleston SC 29407</b>	Designee's fax number (include area code) <b>(843) 764-4670</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>(904) 285-0067</b>
Name and title (type or print clearly) ▶ <b>Steven Alpert Member</b>		Applicant's fax number (include area code) <b>( )</b>
Signature ▶ <b>Steven Alpert</b> Date ▶ <b>8/23/04</b>		



# Internal Revenue Service

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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## Federal Tax ID / EIN

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This is your provisional Employer Identification Number:

**20-1522126**

Today's Date is: August 23, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)   [Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

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