

L 04000070440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

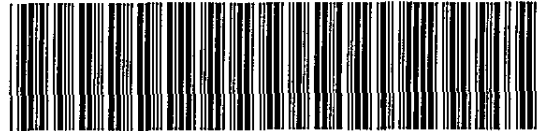
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



80004111028

09/24/04--01053--022 \*\*160.00

W 09/28/04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 24 PM 1:21

4p

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Summers Properties Ltd. Co.  
(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:

Juanita Summers  
(Name of Person)

Summers Properties  
(Firm/Company)

244 E. Boca Raton Rd.  
(Address)

Boca Raton, FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Juanita Summers at ( 561 ) 706-1918  
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 24 PM 1:21

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Summers Properties Ltd. Co.

**ARTICLE II - Address:**

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

**Principal Office Address:**

449 S.W. Whitmore Dr.

Port St. Lucie, FL

34986

**Mailing Address:**

449 S.W. Whitmore Dr.

Port St. Lucie, FL

34986

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

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

Juanita Summers  
Name

449 SW Whitmore Dr.  
Florida street address (P.O. Box NOT acceptable)

Port Saint Lucie FLORIDA 34986  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 24 PM 1:21

*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..*

Juanita Summers  
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:**

MGR

Juanita Summers  
449 SW Whitmore Dr.  
Port St. Lucie, FL 34986

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Juanita Summers  
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.)

Juanita Summers  
Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 24 PM 1:21

**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)