

W4 0000 89767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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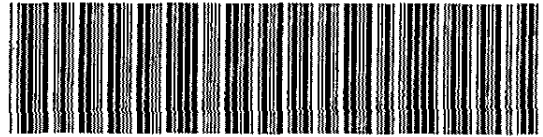
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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W4-89767  
JR

**J. DANIEL BREDE**

**Professional Association  
Attorney at Law**

**Suite 201, East Building  
1900 N. W. Corporate Blvd.  
Boca Raton, Florida 33431**

**Telephone (561) 241-8996**

**Facsimile (561) 241-7859**

December 1, 2004

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: ESTATEMENTS, LLC

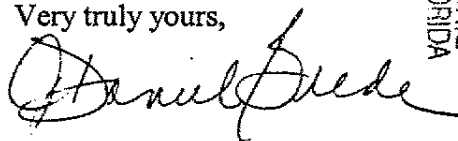
Dear Sir/Madam:

Enclosed you will find the ARTICLES OF ORGANIZATION OF ESTATEMENTS, LLC along with the CERTIFICATE DESIGNATION PLACE OF BUSINESS. Also enclosed is a check in the amount of \$125.00 which we understand is the filing fee for this request.

Kindly cause the enclosed Articles to be filed with the Division of Corporations and return a copy of the Articles stamped "filed" in the enclosed envelope at your earliest opportunity.

If you have any questions, please contact the undersigned.

Very truly yours,



J. DANIEL BREDE

JDB:jmr  
Enclosures

cc: Mrs. Holli Pinon

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF ESTATEments, LLC.  
(A Florida limited liability company)

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is ESTATEments, LLC.

**ARTICLE II — Address:**

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

7234 N. W. 65th Terrace, Parkland, Florida 33067  
(Mailing and Street Addresses are the same)

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Management:**

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

HOLLI PINON  
7234 N. W. 65th Terrace  
Parkland, Florida 33067

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

N/A

**ARTICLE V — Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: New members admissible only with unanimous consent of all existing members.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI — Members' Rights to Continue Business**

The remaining member(s) of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 22 day of November, 2004.



Signature of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HOLLI PINON

Typed or printed name of signer

**Filing Fee: \$125.00 for Articles**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING THE AGENT UPON  
WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 608.415, Florida Statutes, the following is submitted in compliance with said Act:

That ESTATEments, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named HOLLI PINON as the person upon whom process may be served at the following address:

7234 NW 65<sup>th</sup> Terrace  
Parkland, Florida 33067

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.



HOLLI PINON

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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