

LOS000003155

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05 JAN 11 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Daniel Pollock

(Requestor's Name)

2728 W Hannon Hill Dr.

(Address)

(Address)

Tallahassee FL 32309

(City/State/Zip/Phone #) 304-7740

☐ PICK-UP

☒ WAIT

☐ MAIL

323 Properties LLC

(Business Entity Name)

(Document Number)

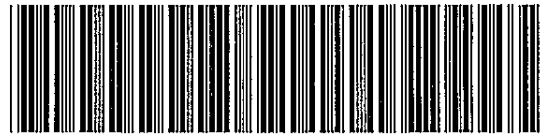
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05 JAN 11 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

323 Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

2728 W Hannon Hill Dr.  
Tallahassee, FL  
32309

Mailing Address:

PO Box 1655  
Tallahassee, FL  
32302

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

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

Daniel Pollock  
Name

2728 W. Hannon Hill Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32309  
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, F.S..*

Daniel Pollock  
Registered Agent's Signature

(CONTINUED)

**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

Daniel Pollock  
2728 W Hannon Hill Dr  
Tallahassee FL 32309

MGRM

Laureen Galeoto  
2728 W. Hannon Hill Dr.  
Tallahassee, FL 32309

(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.)

Daniel Pollock  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)