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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF CIVIE
ALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: <u>FAITER'S INVESTMENT PROPERTIES</u> (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: |
| Lilly Y. ZaitER (Name of Person) |
| (Firm/Company) |
| 4715 ELDORADO DR. (Address) |
| TAMPA FL 33615 City/State and Zip Code) TAMPA FL 33615 EFC 2 |
| For further information concerning this matter, please call: |
| LIHY V. ZAITER at (813) 380-1299 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| FAITER'S NVESTM | ENT PROPERTIES LLC |
|--|---|
| ARTICLE II - Address: The mailing address and street address of the print | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4715 ELDOR ADD DR. TAMPA FL 33615 | 1715 ELDORADO DR. TAMPA PL 33615 |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signature: |
| The name and the Florida street address of the re | egistered agent are; ZAITER |
| H7/5 FLOOR A DO Florida street addr TAM DA City, State, ar | ress (P.O. Box NOT acceptable) FL 33615 |
| liability company at the place designated in the registered agent and agree to act in this capacity. | cocept service of process for the above stated limited is certificate, I hereby accept the appointment is. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F. |

Page 1 of 2

(CONTINUED)

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

or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)