

L05000029455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

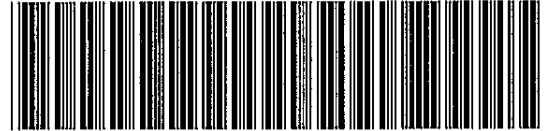
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



500048585725

03/25/05--01001--020 **155.00

REMOVED
PH 1:10
05 MAR 24 AM 8:48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Page 2 Properties, LLC

FILED
05 MAR 24 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

WL 3/24 3:30

**ARTICLES OF ORGANIZATION
FOR
PAGE 2 PROPERTIES, LLC**

FILED
05 APR 24 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Article I
Name**

The name of the Limited Liability Company is **PAGE 2 PROPERTIES, LLC.**

**Article II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 2365 SE Country Club Lane, Stuart, FL 34996.

**Article III
Duration**

The period of duration for the Limited Liability Company shall be perpetual and commence upon the date of filing of these Articles of Organization.

**Article IV
Management**

The Limited Liability Company will initially have one (1) member, PATRICIA WILLIAMS. The Limited Liability Company is to be managed by a manager and the name and address of the manager is:

PATRICIA WILLIAMS
2365 SE Country Club Lane
Stuart, FL 34996

**Article V
Registered Agent, Registered Office, and Registered Agent's Signature**

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

PATRICIA WILLIAMS
2365 SE Country Club Lane
Stuart, FL 34996

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 as registered agent as provided for in Chapter 608, Florida Statutes.


PATRICIA WILLIAMS, Registered Agent

Article VI
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: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

Article VII
Members Rights to Continue Business

The right, if given, of the remaining members of the Limited Liability Company 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 companies shall be by majority vote of the members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of **PAGE 2 PROPERTIES, LLC**, effective this 24 day of March 2005.


PATRICIA WILLIAMS, Manager

STATE OF FLORIDA
COUNTY OF MARTIN

March The foregoing instrument was acknowledged before me this 24th day of March 2005, by **PATRICIA WILLIAMS**, as Manager of **PAGE 2 PROPERTIES, LLC**, a Florida Limited Liability Company, [☒] who is personally known or [☐] who has produced _____ as identification.


Signature of Notary Public
My Commission Expires:

C:\WPDOOB\CORP\PAGE2\LLC.WPD

