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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PARROT BAY HOLDINGS, LLC (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:	
LAUREN I. WILLIAMS JR. (Name of Person)	
PARROT BAY HOLDINGS, LLC (Firm/Company)	
3470 NH 32 STREET (Address)	
LAUDERDALE LAKES, FLORISA 33309 (City/State and Zip Code)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:  LAUREN I: WILLIAMS at (954) 714-7914  (Name of Person) (Area Code & Daytime Telephone Number) 750  Enclosed is a check for the following amount:  \$\int \text{354} \text{ Q54} \text{ Daytime Telephone Number) 750  \$\int \text{37} \text{ P} \text	
Enclosed is a check for the following amount:	esarge Marie Ma Marie Ma Marie Marie Marie Marie Marie Marie Marie Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee Certified Copy (additional copy is enclosed)	
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

The undersigned, acting as member, hereby form a limited liability company under the Florida Limited Liability Company Act of the state of Florida and does hereby adopt as Articles of Organization of such limited liability company the following:

#### ARTICLE 1 - NAME:

The name of the Limited Liability Company is: Parrot Bay Holdings, LLC

#### ARTICLE 2 - ADDRESS:

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

Mailing: 3470 NW 32 Street

Lauderdale Lakes, Florida 33309

#### **ARTICLE 3 - DURATION:**

The period of the Company's duration shall be perpetual until the Company is dissolved in accordance with the Operating Agreement of the Company or the Florida Limited Liability Act.

## **ARTICLE 4 - PURPOSE:**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful business for which limited liability companies may be organized according to the laws of the State of Florida including all powers and purposes now and hereafter permitted by law to a limited liability company.

#### ARTICLE 5 - REGISTERED AGENT:

The name and street address of the initial registered agent is:

Lauren Williams Jr 3470 NW 32 Street Lauderdale Lakes, Florida 33309

Having been named as registered agent and to accept services 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, FS.

Registered Agent's Signature

## **ARTICLE 6 - MANAGEMENT:**

The Limited Liability Company is to be managed by the members. The members are:

 Lauren Williams Jr. (MGRM) 3470 NW 32 Street Lauderdale Lakes, Florida 33309 3. Leon Phillip (MGRM) 3780 NW 115 Avenue Sunrise, Florida 33323

 Lisa Williams-Phillip (MGRM) 3780 NW 115 Avenue Sunrise, Florida 33323 4. Lauren Williams Sr. (MGRM) 147 Anna's Hope P.O. Box 6167 SI Christiansted, USVI 00823-6167

#### ARTICLE 7- INDEMNIFICATION OF MEMBERS:

The liability of members for monetary damages for acts on behalf of the Company shall be eliminated to the fullest possible extent permissible under the laws of the State of Florida. The Company is authorized to purchase insurance for the foregoing.

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

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SECRETARY OF STATE
TARE AHASSEE, FLORIDA