L05000038044

	(Requesto	r's Name)	
((Address)		
	(Address)	<u> </u>	
	(City/State	/Zip/Phone	#)
PICK-UF	· 🗆	WAIT	MAIL
	(Business	Entity Nam	e)
	(Documen	t Number)	
Certified Copies		Certificates	of Status
Special Instructions	to Filing C	Officer:	
∀ame .vailabili ty	,		
Pocument Garmaer	DCC		
India -	n Office	e Use Oni	<i>t</i>
to. Sc. S. a	÷		
cknowlatine hant	DCC		
V. P. Verityer	DCC		



900050363569

04/14/05--01043--017 **160.00

BECKETARY OF STATE

705 AFR IL D 2:

TRANSMITTAL LETTER

ŤO:

TO: Registration Section Division of Corporations			
SUBJECT: FAMAS 2102 PROPERTY INVEST (Name of Limite	MENTS, LLC d Liability Company)		
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
	lan Russell	-	
(1	Name of Person)		
	SS Nevada		
(Firm/Company)		
4535 W. S	ahara Ave., Ste. 204		
	(Address)		
	Vegas, NV 89102		
(City)	State and Zip Code)		
For further information concerning this matter, please	call:		
Alan Russell (Name of Person)	at (702) 933-4030 (Area Code & Daytime To	elenhone Number)	
	(
Enclosed is a check for the following amount: \$\Boxed{1}\$ \$125.00 Filing Fee \$\Boxed{1}\$ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	ASS	2
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	Sections of the sections of the sections of the sections of the section of the se
STREET ADDRESS: Registration Section	MAILING A. Registration S		~
Division of Corporations	Division of Co	orporations 📻	
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, F		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: FAMAS PROPERTY INVESTMENTS, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 283 Cranes Roost Blvd., (#111) 283 Cranes Roost Blvd. (#111) Altamonte Springs, FL 32701 Altamonte Springs, FL 32701 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Susan Roberts Name 283 Cranes Roost Blvd. (#111) Florida street address (P.O. Box NOT acceptable) Altamonte Springs, 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 allstatutes 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.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Orange Investments, LP
MORTA	4535 W. Sahara Ave., Ste. 204
	Las Vegas, NV 89102
(Use attachment if necessary)	
(Ose attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	nber or an authorized representative of a member.
Signature of a met	Riber of an authorized representative of a member.
of this document co	n section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury ed herein are true.)
	Alan Russell
 	
Filing Fees:	SSE T
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional)	Log 2:
E 500 Certificate of Status (Ontic	man S