

# L05000047732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

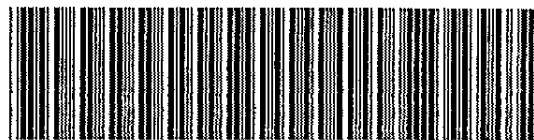
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(Business Entity Name)

(Document Number)

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2005 1007-6 P 1:29  
7/11/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 7, 2005

MICHELE QUINTANA  
615 MARVIN AVENUE  
PORT ST. JOE, FL 32456

SUBJECT: THREE PALMS REAL ESTATE COMPANY, LLC  
Ref. Number: W05000001872

We have received your document for THREE PALMS REAL ESTATE COMPANY, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the forms that I have submitted if you want to file a Limited Liability Company and submit the difference in the filing fees you submitted for the corporate filing 78.75.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 305A00002412

2005 MAY -6 P 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Three Palms Real Estate, 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:

Wanda Wheeler  
(Name of Person)

Beach Busi Systems  
(Firm/Company)

513 9th St Apt C  
(Address)

Port St Joe, FL 32456  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Quintana at ( 850 ) 527-8863  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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

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MAY 9 11 19  
9-11-99

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Three Palms Real Estate, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

478 Santa Anna St  
Port St Joe FL  
32456

#### Mailing Address:

478 Santa Anna St.  
Port St Joe FL  
32456

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

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

Michele Quintana  
Name

478 Santa Anna St  
Florida street address (P.O. Box **NOT** acceptable)  
Port St Joe, FL 32456  
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.*

Michele Quintana  
Registered Agent's Signature

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TALLAHASSEE  
FLORIDA

(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

Michele Quintana

478 Santa Anna

PSS, FL 32456

MGR

Sarah Anderson

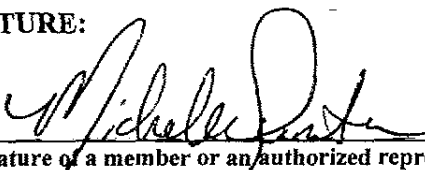
615 Marvin Ave

PSS, FL 32456

(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.)

Michele Quintana  
Typed or printed name of signee

SECRET  
TALLAHASSEE, FLORIDA

2005 MAY -6 PM 1:29

F-11-01D

**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)