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05/09/05--01047--004 **130.00



TRANSMITTAL LETTER

TO: Registration S Division of C					
SUBJECT:	Ivy Properties LLC				
	(Name of Limited	l Liability Comp	any)		
The enclosed Articles	of Organization and fee(s) are su	abmitted for filin	g.		
Please return all corres	spondence concerning this matte	r to the following	5 ,		
	Kevin Korbach				
	0	Name of Person)			
	Ivy Properties LLC	Firm/Company)			
	PO Box 2537				
		(Address)		Z ₁	0
					₩ ====
	Flagler Beach, FL 32	136			05 MMY -9
	(City/	State and Zip Cod	e)		9
~ ~					3
For further informatio	n concerning this matter, please	call:			÷:-
Kevin Korba	ich	at (_386	439-8444	DA.	သ
(Nar	ne of Person)		de & Daytime Te	elephone Number)	
Enclosed is a check	for the following amount:				
□ \$125.00 Filing Fe	e Ø \$130.00 Filing Fee & Certificate of Status	S155.00 F Certified Cop (additional copy	-	☐ \$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	is &
Reg	REET ADDRESS: istration Section ision of Corporations		MAILING A Registration S Division of Co	ection	

409 E. Gaines Street Tallahassee, Florida 32399 P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

		perties LLC				
TICLE II - Ad mailing addres	ess: nd street address of	the principal	office of the L	.imited Liabi	lity Com	oany is
ncipal Office A	ress:	<u>Maili</u>	ng Address:			
6 Annette St		PO E	3ox 2537			
gler Beach, FL 3	6	Flagi	er Beach, FL 3	2136		
TICLE III - R	stered Agent, Regi	stered Office,	, & Registere	d Agent's Si	- ;	g
name and the	rida street address o	of the registere	d agent are:	,	9 ER 6	+-
Kevin Korbach						
Name			5 6			
2726 Annette St		ع د .				
	Florida st	reet address (P.O	. Box NOT acce	eptable)		
		· · · · · · · · · · · · · · · · · · ·	. Box <u>N</u>	OT acc	(OT acceptable)	NOT acceptable)

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..

Registered Agent's Signature

(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 Membe	r	Name and Address:	
MGRM		Kevin Korbach	
		PO Box 2537	<u> </u>
		Flagler Beach, FL 32136	
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(Use attachment if necessary)			70 mg
•	. •		
NOTE: An additional article	must be a	added if an effective date is requ	ested.
REQUIRED SIGNATURE:			
_			
San		Carlos	
Signature of a	member or	an authorized representative of a mem	ıber.
	nt constitutes	608.408(3), Florida Statutes, the execution an affirmation under the penalties of penalties of penalties.)	
Kevin Kor	bach		
		or printed name of signee	
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)