L05000071307

(Requestor's Name)		
(Address)		
(Address)		
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

Programme Registration Section of Corp					
SUBJECT: PAND	R Investors L	<u>IC</u>		-	
	(Name of Limited	Liability Company)			
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
Paul	G. Axtell				
	(N	lame of Person)			
D A	O.T. 10 =				
PAND	R Investors,	Firm/Company)	<u> </u>	_	
	(.	mis company)			
13834	4 Port Harbor C	aurt		0	AIQ.
		(Address)		<u>ح</u>	25.C2 20.35 20.35
					SE T
Jack	Ksonville, Flori	da, 32224		5	
	(City/S	State and Zip Code)		P#	97 98 98
For further information of	oncerning this matter, please o	2011		1: 32	ATTE
Por further information co	oncerning and matter, picase t	.a.ii.		~	75
Paul G. Axte	레	at (904) 591-	2555		
(Name o	of Person)	(Area Code & Daytime Te	elephone Number)		
Enclosed is a check for	the following amount:				
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	5 \$155.00 Filing Fee &	☐ \$160.00 Filing		
	Certificate of Status	Certified Copy	Certificate of Status Certified Copy	s &	
		(additional copy is enclosed)	(additional copy is encl	osed)	
STREE	ET ADDRESS:	MAILING A	DDRESS:		
Registra	ation Section	Registration S	ection		. =:
	n of Corporations Gaines Street	Division of Co P.O. Box 632			
Tallaha	ssee, Florida 32399	Taliahassee, F	lorida 32314		e e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Pano R Investors LLC			-
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	mpan	ıy is:
Principal Office Address:	Mailing Address:		
13834 Port HarborCourt Jacksonville, FL 32224	13834 Port Harbor Court Jacksonville, FL 32224	-	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signatur	- re:	. ,
The name and the Florida street address of the re	egistered agent are:	95	S
Paul G. Axtell = \$		SION	
Name		. 15	뭐
13834 Port Harbor Court			
	ress (P.O. Box <u>NOT</u> acceptable)		STA CRA
Jacksonville	FL 32224	သ	TON TON
City, State, a	на др	•	75

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Paul G. Axtell 13834 Port Harbor Court Jacksonville, FL 3224
MGRM	George R. Washington 4210 Stacey Road East Jacksonville, Fi. 32250

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

Typed 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)

DIVISION OF CORPORATION