

LO5000072346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

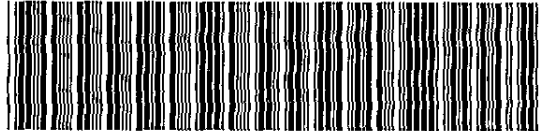
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEALARY OF STATE
TALLAHASSEE, FLORIDA

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05 JUL 22 AM 11:41
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEBIT ACCOUNT

#

0721 00000307

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- PALM ISLAND PALMS, LLC
- 2- _____
- 3- _____
- 4- _____

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
Palm Island Palms, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is **Palm Island Palms, LLC**

ARTICLE II - Address

The street address of the principal office of the Limited Liability Company is 10420 Yacht Basin Drive, Placida, Florida 33946. The mailing address is P.O. Box 73, Placida, Florida 33946.

ARTICLE III - Registered Agent and Registered Office

The name and street address of the registered agent of the Company is **Peter J. Bieneman**, 10420 Yacht Basin Drive, Placida, Florida 33946.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

ARTICLE V - Member Managers

The names of the Member Managers of DDR Development, LLC are as follows:

Peter J. Bieneman
Manager
10420 Yacht Basin Drive
Placida, FL 33946

Patricia A. Bieneman
Assistant Manager
10420 Yacht Basin Drive
Placida, FL 33946

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10th day of July, 2005.


Peter J. Bieneman
Member Manager

STATE OF FLORIDA)

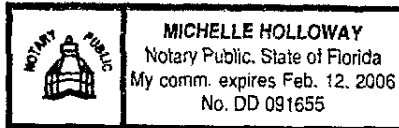
) ss.

COUNTY OF CHARLOTTE)

The foregoing instrument was sworn to and acknowledged before me this 16th day of July, 2005, by PETER J. BIENEMAN, who is personally known to me or who has produced FL DL # B556610473060 as identification and who did take an oath.

Peter J. Bieneman

Michelle Holloway
Notary Public, State of Florida
My Commission Expires: Feb. 12, 2006



ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **Palm Island Palms, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 16 day of July, 2005.



PETER J. BIENEMAN