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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cil	:y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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	Office Use Only	



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SECTION OF BH 1: 01

TRANSMITTAL LETTER

TO: Registration Se Division of Cor	ction rporations	,	ii i		
SUBJECT:	South Page (Name of Limited	JCH FSTATES Liability Company)	LLC.	1 1 <u>11</u> 1	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following: Levez - Name of Person)		ko z vod	
	puth Ranch	FSTATES LLC Firm/Company)	and the second second	<u>.</u>	
 		(Address)		FILED FILED	-
d - 10 MB - 100 MB	MIAMI	Fl. 33172.		2 E	
For further information	City/ concerning this matter, please	State and Zip Code)	STATE	1:04	
Da. 1	2				
(Name	of Person)	at (774) 229-1	elephone Number)	-	-
Enclosed is a check for	or 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)		
	EET ADDRESS:	MAILING A			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
South Punch Estates. ccc.	. "A 1 -
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	pany is:
Principal Office Address: Mailing Address:	<u>.</u> <u>.</u>
1530 NW 98ct 8470 SW 3781 MIAULI FL 33172 HIAMI M. 33155	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	}
The name and the Florida street address of the registered agent are: Raul First Part Name Part Name Part Florida street address (P.O. Box NOT acceptable) Part All August Part Part Part	FILED 05 SEP -9 PH 1: 0 SECRED OF STATE
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.

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 Member	Name and Address:	* · · · ·
Map.	PAUL PEREZ. 8470 SW 3781 HIRWI FI 33155	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		ing the second s
(Use attachment if necessary)	Z S C C C C C C C C C C C C C C C C C C	05 SEP
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.	FILED -9 PM 1:04
(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in arc true.) 1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in arc true.)	
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)