

LOS000091777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

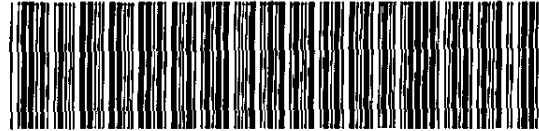
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-91777
OK

TRANSMITTAL LETTER

Department of State of Florida
Division of Corporations – Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: PERSONAL PROPERTY SOLUTIONS, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):



\$125.00 (Filing Fee)



Other Fee \$. Description



Other Fee \$. Description

FROM: Thomas H. Ireland
1663 SW Seagull Way
Palm City, FL 34990

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TALLAHASSEE, FLORIDA

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CONTACT PHONE NUMBER: 772-475-8488

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Personal Property Solutions, LLC

ARTICLE II – Address:

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

Principal Office Address:

1663 SW Seagull Way

Palm City, FL 34990

Mailing Address:

1663 SW Seagull Way

Palm City, FL 34990

ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

Thomas H. Ireland

Name

1663 SW Seagull Way

Florida street address (P.O. Box **NOT** acceptable)

Palm City

FLORIDA 34990

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, Florida Statutes.



Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Thomas H. Ireland

1663 SW Seagull Way

Palm City, FL 34990

(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.)

Thomas H. Ireland

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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