

LOS 000104338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

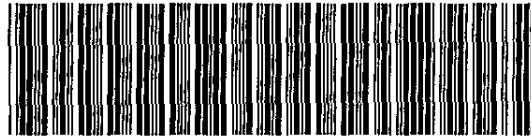
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W05-46848

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twin Star Property Management L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary S Farless

(Name of Person)

Twin Star Property Management

(Firm/Company)

395 29th Court SW

(Address)

Vero Beach, Florida 32968

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Farless

(Name of Person)

at (772) 7701139

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TWIN Star Property Management L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

395 29th Court SW
Vero Beach, Florida 32968

Mailing Address:

395 29th Court SW
Vero Beach, Florida 32968

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Gary Farless

Name

395 29th Court SW

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

Vero Beach

FL 32968

City, State, and Zip

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TALAHASSEE, FLORIDA

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.

Gary S. Farless
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:

MGR

Gary Farless

395 29th Court SW

Vero Beach, Florida 32968

MGRM

Anthony Consalo

6198 65th Street

Vero Beach, FL 32967

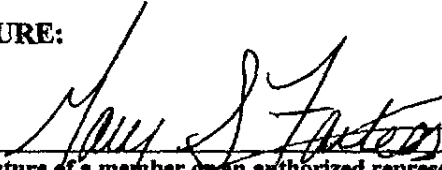
MGRM

Anthony Consalo

(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.)

6198 65th Street

GARY S. FARLESS

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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CLERK OF DISTRICT COURT
TREASURY OF FLORIDA