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(((H050002514593)))

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From:

Account Name : HUBCO

Account Number : 104562003400

Phone Fax Number : (516)935-3940 : (516)935-3088

M. Thomas OCT 27 2005

DIVISION OF CORPORATION 05 OCT 26 PM

## LIMITED LIABILITY COMPANY

PAPAU, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing

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## ARTICLES OF ORGANIZATION FOR

H05000251459

## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	Ι	- I	Jame
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The name of the Limited Liability Company is: PAPAU, LLC

ARTICLE II - Address

ine mailing address and street addres	is of the principal office	of the Limited Liability Company is:				
Principal Office Address:  835 Evelynton Loop  835 Evelynton Loop		Mailing Address:				
		835 Evelynton Loop				_
The Villages, FL 32162		The Villages. FL 32162				
	<del></del>					<u>.</u>
ARTICLE III - Registered Ap The name and Florida street address		ffice & Registered Agent's Signate:	nature			
	David Weave	a <b>r</b>				
	-	Name	<del></del>	SE	05 007	
	835 Evelynto	_	•		Ē	
	(P.O. Box	n Loop	<del></del>	( <del>2</del>	26	
		n Loop or Mail Drop Box <u>NOT</u> Acceptable)				
	The Villages,	or Mail Drop Box <u>NOT</u> Acceptable)	<b>_</b>	—————————————————————————————————————	3	Ţ
		or Mail Drop Box <u>NOT</u> Acceptable)	<b>_</b>	FI.ON	8	_

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 - David Weaver

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

MGRM

David Weaver - 835 Evelynton Loop, The Villages, FL 32162

(Usc attachment if necessary)

REQUIRED SIGNATURE:

(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.)

**David Weaver** 

Typed or printed name of signee