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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER'

TO:	Registration Se Division of Co					
		•	altard by Larlers per Mr. Hobbs	m11/105		
SUBJECT: J. Aprile Properties, LLC per Mr. Hobbs (Name of Limited Liability Company)						
771	T. A. at t		lesimed for filling			
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Robert S. Hobbs, Esquire						
(Name of Person)						
	Harry M. I	Hobbs, P.A.				
(Firm/Company)						
3719 Swann Avenue						
(Address)						
Tampa, FL 33609						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Rob	ert S. Hobb	os, Esquire	at (813) 879-8	3333		
Robert S. Hobbs, Esquire at (813) 879-8333 (Area Code & Daytime Telephone Number)						
Enclos	sed is a check fo	or the following amount:				
S125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enclosed	Certificate of Status &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ade Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. Aprile Properties, LLC (Must end with the words "Limited Liability Compa * Name affected by LSHES par ARTICLE II - Address:	my, "Limited Company" or their abbreviation "LLC," Mr. Holobs Om 11/1/05	or "L.C.,")
The mailing address and street address	of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
11004 Theresa Arbor Drive	11004 Theresa Arbor Drive	
Temple Terrace, FL 33617	Temple Terrace, FL 33617	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address		lual or another NEC 05
Robert S. Hobbs, I		TANK FILE
	Name	
3719 Swann Ave	nue	
Florida	street address (P.O. Box NOT acceptable)	ED SHIE
Tampa	_{FL} 33609	در
Cit	y, 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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 Joseph V. Aprile 11004 Theresa Arbor Drive Temple Terrace, FL 33617 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

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)

Robert S. Hobbs, Esquire

that the facts stated herein are true.)