## W5000114923

(	Requestor's Name)	
	Address)	
(	Address)	
(	City/State/Zip/Phone #	}
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	13
Certified Copies	Document Number)  Certificates of	Status
Special Instructions		LC
	Office Hee Only	0-011



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## **COVER LETTER**

то:	Registration Sec Division of Cor					
SUBJE	CT: MANEKE	PROPERTIES LLC				
2020	<u> </u>	(Name of Limited	I Liability Compa	ny)		
		Organization and fee(s) are so	_			
	David Parrish		_			
•		0	Name of Person)			-
	MANNING FUL	TON				
•		(	Firm/Company)			_
	PO Box 20389					
			(Address)		<u></u>	-
-	Raleigh, NC 276	<u>,</u>	<u> </u>	1		
		(City.	State and Zip Code	)		
For furt	her information of	concerning this matter, please	call:			
Stephe	n T. Byrd		at (919	787-8880		
····	(Name	of Person)	at (919 (Area Code	& Daytime Te	elephone Number)	
Enclos	ed is a check fo	r the following amount:				
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	y _	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ocutive Center see, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Co	mpany is:		
MANEKE PROPERTE	ES LLC			
(Must end with the words '	Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "L.C	<u>""</u> )	•
ARTICLE II - Add	lress:			
The mailing address	and street addres	s of the principal office of the Limited Liability	Company	is:
Principal Office Ac	ldress:	Mailing Address:		
3344 Rustburg Drive		3344 Rustburg Drive		
Fayetteville, NC 28303		Fayetteville, NC 28303		
(The Limited Liability Corbusiness entity with an ac	npany cannot serve as i tive Florida registration	Registered Office, & Registered Agent's Signa its own Registered Agent. You must designate an individual or a n.) ess of the registered agent are:	OS NO.	<b>-1</b> 1
		or and regional again and.	12g	Section 1
Joseph Degulis Name		Name	P P	m
<u> </u>	9671 Carissa Road			
	Flori	da street address (P.O. Box NOT acceptable)		
	Boyton Beach	FL 33436-7347		
•		City, State, and Zip		
Having been name	d as registered ag	ent and to accept service of process for the above .	stated limi	teđ

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..

By:

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:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Eliot Atstupenas	
	3344 Rustburg Drive	
	Fayetteville, NC 28303	•
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(Use attachment if necessary)		
(Ose attachment if necessary)		
CLE V: Effective date, if other than the	e date of filing: OPTIONAL	J.
	e date of filing: (OPTIONAL be specific and cannot be more than five business days	
	e date of filing: (OPTIONAL be specific and cannot be more than five business days	
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effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days	
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with secondance)	per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitution that the facts stated	per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	

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)