## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

**TLORIDA/FOREIGN LIMITED LIABILITY CO.** 

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FAA PROPERTY MANAGEMENT, LLC

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Corporate Filing Menu

Help

The name of the Limited Liability Comp.	eny is:
FAA Property Management: LLC Must end with the words "Limited Liability Consp	namy, "Limited Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II – ADDRESS: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Maillon Address:
069 S.W. 7 <sup>4</sup> Ct	2069 S.W. 7 <sup>th</sup> Ct.
locs Raton, FL 13486	Boes Raton, FL 33486

ARTICLE III - Registered Agent, Registated Office, & Registered Agent's Signature: (The Limited Limbility Company counct serve as its own Registered Agent. You must designate an individual of mother business entity with an active Florida registration.)

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

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324 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 an accept the abligations of my pastion as registered agent as provided for in Chapter 608, F.S.

ered Agent's Signature (REQUIRED)

ASSISTANT VICE PRESIDENT

(CONTINUED)
Page 2 of 2

1 3 AM 9:

<u>Title:</u>	Name and Address:
Frank A. Amelung, MGR	Frank A. Amokuna 2069 S.W. 7 Ct Boca Raton, FL 33436
(Use attachment if necessary)  ARTICLE V: Effective data, if other than the date of fill the most harmonistic of the data was the reported of the data.	ng: (OPTIONAL) So

of this document constitutes an affirmation under the penalties of perjury that the facts stated barain are true.) <u>lov Mayo</u> Typed or printed name of signee

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

## Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

**REQUIRED SIGNATURE:** 

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

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