L06000030213

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
372
FLUC

Office Use Only



100067968241

03/16/06--01045--003 **!25.00

SECHE SIA

TRANSMITTAL LETTER

	gistration Sec vision of Corp										
SUBJECT	: Auce	ican f) Lopery	6	loup	IX.	<u></u>	_			
			(Name of Lin	nited	Liability	Compa	my)				
The enclos	ed Articles of	Organizatio	n and fee(s) a	ire sul	mitted f	or filing	g.				
Please retu	m all correspo	mdence cons	erning this m	natter	to the fo	llowing	; :				
			NALA	_							
				(Na	ime of Pe	rson)					
1	MERICAN	Paop	elry	6RE	up.	IX	4				
				(F	irm/Com	oany)					
	100	o PARI	L Bo	ساو	NARIS						
•	**************************************				(Addres	s)					
	P.	MELLAS	Park		FL		3	3781			
	,		((City/S	tate and	Zip Code	c)				
For further	information o	concerning th	us matter, ple	casc c	all:						
Rona	us four	shim			72	7		<i>197</i> _	/777		
	(Name	of Person)			(/	rea Cod	le & Da	ytime Te	lophone N	umber)	
Enclosed:	is a check for	r the follow	ing amount:	:							
(\$125.00	Filing Fee		0 Filing Fee e of Status	e &	Certific (addition	ed Cop	λ. 	See &	Certific Certifi	ate of S ed Copy	ing Fee, Status & V s enclosed)
	eror:	er anndr	ce.				3 # 4 TT				

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
AMERICAN PROPERTY GROUP IX LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1000 Park Bourvass 1000 Park Boursas
1000 PANK BOWEVARD TOOD PANK BOWEVARD PINEUM PANK FL 33781 33781
33781 33781
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name 1000 Park Bellevara Florida street address (P.O. Box NOT acceptable) Planeirs Park FL '33781 City, State, and Zip
Name
1000 PARK BOWEVERS
Florida street address (P.O. Box NOT acceptable)
Pursies Pack FL 33781
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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S
Registered Agent's Signature
SECRETAR 16 PHOSPER PH

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: "MGR" = Mana		Name and Address:						
"MGRM" = MI MGLM	anaging Member	RONALD POWERALL						
		1000 PARK BOUGUARS						
		PINEUAS PARK, FL 33781						
								
		——————————————————————————————————————						

(Use attachmen	at if necessary)							
NOTE: An ad	ditional article must	be added if an effective date is requested.						
REQUIRED S	IGNATURE:							
•	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 he	rein are true.)						
	Loward	A PowerALL						
	Con and Powr Asc. 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)

S 5.00 Certificate of Status (Optional)

CHE WAY OF STATE

FINE PLANTS