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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

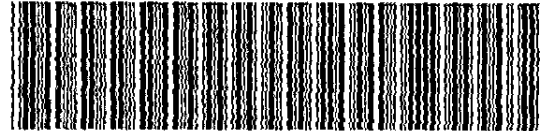
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[Handwritten signature]

Gail E. Lampert
ATTORNEY AT LAW

MEMBER OF THE
FLORIDA BAR AND NEW JERSEY BAR



TELEPHONE (386) 439-0190

April 3, 2006

ATTN: DIANE CUSHING
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE FLORIDA 32314

SUBJECT: PERFECT INVESTMENTS, LLC

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Dear Sir/Madam:

Enclosed please find an original and two (2) copies of the Articles of Organization and my check in the amount of one hundred twenty five dollars (\$125.00) which covers the filing fee and one (1) certified copy. Kindly return all documentation to:

GAIL E. LAMPERT, ESQUIRE
200 South Oceanshore Boulevard, Suite 3
Flagler Beach, Florida 32136
Daytime telephone number: 386-439-0190

Thank you for your assistance in this LLC.

Sincerely yours,

Gail E. Lampert / p.a.n.

GAIL E. LAMPERT, ESQ.

SIGNED IN HER ABSENCE TO AVOID DELAY

GEL/ppws
Enclosures

ARTICLES OF ORGANIZATION

FOR

PERFECT INVESTMENTS, LLC

ARTICLE I. NAME

The name of the Limited Liability Company is:

PERFECT INVESTMENTS, LLC

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

320 NORTH 12TH STREET
P.O. BOX 2242
FLAGLER BEACH, FL 32136-2242

ARTICLE III. NATURE OF BUSINESS

This Limited Liability Company is organized for the purpose of providing Rental Real Estate and related services, under the laws of the State of Florida.

ARTICLE IV. REGISTERED AGENT

The name and address of the Registered Agent is:

LEROY P. ROBERTS
320 NORTH 12TH STREET
P.O. BOX 2242
FLAGLER BEACH, FL 32136-2242

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DESIGNATION OF AND ACCEPTANCE
BY REGISTERED AGENT

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.


LEROY P. ROBERTS, Registered Agent

4/5/06
Date

ARTICLE V. MANAGERS OR MANAGING MEMBERS

The names and addresses of the Managers are as follows:

LEROY P. ROBERTS
320 NORTH 12TH STREET
P.O. BOX 2242
FLAGLER BEACH, FL 32136-2242

ROBERT A. JOHNSON
316 NORTH 12TH STREET
FLAGLER BEACH, FL 32136

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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.


LEROY P. ROBERTS, MGR

4/5/06
Date


ROBERT A. JOHNSON, MGR

4-5-06
Date