104000039524

(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: 4113 FL CC

Office Use Only

#125-CF



000068814290

04/13/06--01024--025 **135.00

O6 APR 13 PH 12: 51

M. HODGES

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: RITEWAY PROPERTY MA	JABEMENT UL.L.C.
(ivaile of childen Lis	onity Company)
The enclosed Articles of Organization and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to the	he following:
RODSER CARVER	
	of Person)
(Firm)	Company)
	• •
3080 NAUTKA LAKE CU	KLL
3080 NAUTKA LAKE CU GREENACRES FLO	1dress)
	and Zip Code)
(City/State	and Lip Code)
For further information concerning this matter, please call:	22-26-90
	561 632-2690 561, 304 7134
(Name of Person)	(Area Code & Daytime Telephone Number)
England is a shark fartha fallowing amount	
Enclosed is a check for the following amount:	—
Certificate of Status Cer	\$155.00 Filing Fee & S160.00 Filing Fee, ctified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
PITE WAY PROPERTY MANAServenT "LLC" (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
5080 NAUTKA LAKE CIRCLE		
GREENACRES FLORDA		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
CAYLE CARVER		
2365 SW 34 STREET #8		
Florida street address (P.O. Box NOT acceptable)		
Dm 1A FL 33312		
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 (REQUIRED)		
(CONTINUED)		
Page 1 of 2		

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 that the facts stated herein are true.)

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)