

LO60000 47767

(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:

Office Use Only



800072689258

05/01/06--01050--021 \*\*125.00

FILED  
2006 MAY -1 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO6-47767  
JR

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PRENDES FAMILY HOLDINGS 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:**

18001 OLD CUTLER ROAD  
SUITE 476

\_\_\_\_\_  
\_\_\_\_\_

**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:

STELLA MARIS PRENDES  
Name

18001 OLD CUTLER ROAD SUITE 4  
Florida street address (P.O. Box **NOT** acceptable)

PALMETTO BAY FL 33157  
City, State, and Zip

2006 MAY -1 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*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..*

*Stella Maris Prendes*  
Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

STELLA MARIS PRENDES  
18001 OLD CUTLER RD SUITE 476  
PALMETTO BAY FL 33157

MGRM

ALEXANDER PRENDES  
18001 OLD CUTLER RD SUITE 476  
PALMETTO BAY FL 33157

MGRM

ALEXANDER N. PRENDES  
18001 OLD CUTLER RD SUITE 476  
PALMETTO BAY FL 33157

MGRM

RYAN J. PRENDES  
18001 OLD CUTLER ROAD SUITE 476  
PALMETTO BAY FL 33157

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

2006 MAR 18 PM 3:18  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Stella Maris Prendes  
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.)

STELLA MARIS PRENDES  
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)