

Electronic Filing Cover Sheet

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(((H060001361103)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone: (215)563-8113

Fax Number : (215) 977-9386

ELORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

06 MAY 17 AM 10: 11

DIVISION OF CORPORATI

POND AND SPITZ HOMES OF JUPITER, L.L.C.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

POND AND SPITZ HOMES OF JUPITER, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	s of the principal office of the Limited Liability Company is:
The manning address and sheet address	of the principal office of the Diffice Classiffy Company is,
Principal Office Address:	Mailing Address:
328 EAGLE DRIVE	328 EAGLE DRIVE
JUPITER, FL 33477	JUPITER, FL 33477
	legistered Office, & Registered Agent's Signature:
The name and the Florida street address	ss of the registered agent are:
BARBARA SPIT	Z Dr. P
· · · · · · · · · · · · · · · · · · ·	Name
328 EAGLE DRIV	
Florid	ia street address (P.O. Box NOT acceptable)
JUPITER	FL 33477

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..

City, State, and Zip

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

MGRM	BARBARA SPITZ	
	328 EAGLE DRIVE	_
	JUPITER,FL 33477	<u> </u>
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Use attachment if necessary)		6
EV: Effective date, if other than the	e date of filing: (OPTI	ONALL
ective date is listed, the date must b	be specific and cannot be more than five business	e dave nois

REQUIRED SIGNATURE:

Signafure of a member or an walkerfood 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.)

BARBARA SPITZ, MEMBER
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)

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