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J. BRYAN JUL - 7 2006

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD

PORT ST. LUCIE, FLORIDA 34952

(772) 335-5455

(772) 337-3485 FAX

July 3, 2006

State of Florida
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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RE: Portage Development, LLC

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for each new limited liability company. Please file the originals in your offices and certify and return to us a certified copy of each company.

I am enclosing a check in the amount of \$250.00, which covers the filing fees, certified copy fees and the registered agent designation fees. Thank you for your cooperation in this matter.

Sincerely,



Tiffany N. Gonsalves, CLA
Certified Paralegal

Enc.

ARTICLES OF ORGANIZATION

OF

PORTAGE DEVELOPMENT, LLC

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The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Portage Development, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The address of the principal office of the Company shall be 701 S.E. Portage Avenue, Port St. Lucie, FL 34984.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Members and The Member(s) of the Company are as follows:

Michael McDermott
701 S.E. Portage Avenue
Port St. Lucie, FL 34984

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Michael McDermott, 701 S.E. Portage Avenue, Port St. Lucie, FL 34984.

Michael McDermott
MICHAEL McDERMOTT, Incorporator
Organizer

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Michael McDermott, who has produced FL DRIVERS LICENSE as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 22nd day of June, 2006.

(S E A L)



Tiffany N. Gonsalves
MY COMMISSION # DD261185 EXPIRES
November 7, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

Tiffany N. Gonsalves
Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:

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ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.


RICKEY L. FARRELL
Registered Agent

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 22nd day of June, 2006.

(S E A L)



Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:



Tiffany N. Gonsalves
MY COMMISSION # DD261185 EXPIRES
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