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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

W6-69201

## **COVER LETTER**

	tration Section on of Corporations	
SUBJECT:	APV Investments II, LLC	
	(Name of Limited Liability Company)	
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
	Alex Vueman	
	Alex Vugman (Name of Person)	2000 SE
	126 PROPERTIES, LLC (Firm/Company)	L AAR
	(Firm/Company)	AR)
182	1.1 FOREST Glew WAY (Address)	PH 3: 54 Y OF STATE SEE, FLORID
	(Address)	STA STA
51	City/State and Zip Code)	E 5
-	(City/State and Zip Code)	· ·
	ormation concerning this matter, please call:	
Alex	(Name of Person) at (904) 614-8989 (Area Code & Daytime Telephone Num	
	(Name of Person) (Area Code & Daytime Telephone Num	iber)
Enclosed is a	check for the following amount:	
	ing Fee \$\sum \\$130.00 \text{ Filing Fee & } \sum \\$155.00 \text{ Filing Fee & } \sum \\$160.0 \text{ Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified}	00 Filing Fee, te of Status & I Copy copy is enclosed)
,	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• • •				
APV Investments II		드달	2006 JUL	
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "	LLC," or "1, C!!")	$\subseteq$	Circumstra
ARTICLE II - Address:		ARY		T
The mailing address and street address of the	e principal office of the Limite	d Liabili <b>tỳ'∈</b> òr	npany	1S:
Principal Office Address:	Mailing Address:	FLORID	3: 54	The same
1821 FOREST GIEN WAY	1821 FOREST GK	UNAS"		
1821 FOREST GIEN WAY St. Augustine, FL 32092	1821 FOREST GK.	2 32092		
		·	•	

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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

A & B PROPERTIES, LLC

Name

1821 FOREST Glew WAY

Florida street address (P.O. Box NOT acceptable)

St. Augustine FL 32092

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

, 4

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2006 JUI SECRE
MGR	A& 6 PROPERTIES, LLC 1821 FOREST STEN WA St. AUGUSTINE, FL 3209	TARY OF STATE
. (Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:  Signature of a mem	ther or an authorized representative of a member	<del>.</del>
(In accordance with softhis document conthat the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjur	

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)