

## Florida Department of State

Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**LD60000090986**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000229556 3)))



H060002295563ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 SEP 15 AM 9:22

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****TRES PALMAS HOLDINGS, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
06 SEP 15 PM 3:50  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TRES PALMAS HOLDINGS, LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principle office of the Limited Liability Company is:

**Principle Office Address:**

**Mailing Address:**

**828 SE 14<sup>TH</sup> AVE.**

**828 SE 14<sup>TH</sup> AVE.**

**OCALA, FL. 34471**

**OCALA, FL. 34471**

**ARTICLE III - Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**OSCAR CHAIRES, JR**

Name

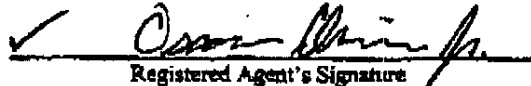
**828 SE 14<sup>TH</sup> AVE**

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

**OCALA, FL. 34471**

City, State, and Zip

*Having been named as registered agent and to accept service of process for 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, Florida Statutes.*



Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 SEP 15 AM 9:22

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

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

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGR

OSCAR CHAIRES, JR. 81%

828 SE 14<sup>TH</sup> AVE

OCALA, FL 34471

MGR

JERRI CHAIRES 19%

828 SE 14<sup>TH</sup> AVE

Ocala, FL 34471

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

OSCAR CHAIRES, JR.

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 SEP 15 AM 9:22