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| • | | |
|----------------------|----------------------|-------------|
| (| Requestor's Name) | |
| (| Address) | |
| (| Address) | |
| | City/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (| Business Entity Nar | ne) |
| (| Document Number) | : |
| Certified Copies | Certificates | s of Status |
| Special Instructions | to Filing Officer: | |
| | | |
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| <u> </u> | | |

Office Use Only



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2006 SED 18 PM 3: 09



TRANSMITTAL LETTER

| TO: Registration Son Division of Co | | | | | |
|--|---|---------------------------------|--|--|-------------------|
| SUBJECT: | | roperties, LL | | | |
| | (Name of Limite | ed Liability Co | mpany) | | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for f | iling. | | |
| Please return all corresp | condence concerning this matt | er to the follow | ving: | | |
| | | Sheryl Lutz | | | |
| | (| Name of Person |) | | |
| | *************************************** | (Firm/Company) | | | |
| | • | (rumcompany) | j | | |
| | 225 | 17 SW 56th A | Ave | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | (Address) | | 20 | פון |
| | _ | | | 306 SI | V.S.S. ₹.S.S. |
| | | Raton, FL 3: State and Zip C | | 2006 SEP 18 | 3A |
| | | | | PA | ्र 20⊊ |
| For further information | concerning this matter, please | call: | | 1 3: 09 | 7.5 7.5 1.5 |
| Sheryl Lutz | | at (_561 | | | ¥. |
| (Name | of Person) | (Area (| Code & Daytime To | elephone Number) | |
| Enclosed is a check for | or the following amount: | | | | |
| 8 \$125.00 Filing Fee | Cl \$130.00 Filing Fee & Certificate of Status | Certified C | Filing Fee & Copy opy is enclosed) | ☐ \$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed | |
| | ET ADDRESS: | | MAILING A | | |
| Divisi | ration Section on of Corporations . Gaines Street | | Registration S Division of Co P.O. Box 632 | orporations | |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | |
| | |
| Buy Rite Properties, LLC | |
| ARTICLE II - Address: | |
| | ncipal office of the Limited Liability Company is: |
| The maning address and street address of the pri | noipar office of the Emilion Emonity Company is. |
| Principal Office Address: | Mailing Address: |
| 22517 SW 56th Ave | 22517 SW 56th Ave |
| Boca Raton, FL 33433 | Boca Raton, FL 33433 |
| | |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signatere: |
| The name and the Florida street address of the re | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| Sheryl Lutz | 18 CONTE |
| Name | 70 200 200 200 200 200 200 200 200 200 2 |
| 22517 SW 56th | Ave \mathcal{L} |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Boca Raton | FL 33433 |
| City, State, ar | nd 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..

Registered Agent's Signature

(CONTINUED)

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | |
|--|---|-------------|---------------------|
| MGRM | Sheryl Lutz | | |
| | 22517 SW 56th Ave | | |
| | Boca Raton, FL 33433 | | |
| MGRM | Eugene Lutz | | |
| | 22517 SW 56th Ave | | |
| | Boca Raton, FL 33433 | | |
| | | | |
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| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| | e added if an effective date is requested. | 2006 SEP 18 | SECRET SECRET |
| REQUIRED SIGNATURE: | | 8 | #7X 1287 1387 |
| Shee | ed a Lut | PM 3: 09 | OT STA |
| Signature of a member | or an authorized representative of a member. | 0 | <u> </u> |
| | on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.) | Q | 7. |
| | Sheryl Lutz | | |

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)