L07000055764

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
. Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/24/07--01003--006 **160.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PAGEQU	JEST PROPERTIES	SLLC			
	(Name of Limite	d Liability Compa	my)		
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing	; .		
Please return all correspor	ndence concerning this matte	er to the following	;		
SHARON PA	ARKER-PAGE				
	(Name of Person)			
PAGEQUES	T PROPERTIES L	.LC			
		(Firm/Company)			
38 S BLUE	ANGEL PKWY #	385			
		(Address)			
PENSACO	LA, FL 32506			SEC FALL	3000
	(City	/State and Zip Code	:)		
For further information co	oncerning this matter, please			Y 24 P	1
SHARON PARKE	R-PAGE	at (850	492-886	2 유물 및	
(Name of	f Person)	(Area Code	e & Daytime Te	elephone Number)	
Enclosed is a check for	the following amount:			.,0	
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	y	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is end	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	any is:
PAGEQUEST PROPERTIES LLC	
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
38 S BLUE ANGEL PKWY #385	38 S BLUE ANGEL PKWY #385
PENSACOLA, FL 32506	PENSACOLA, FL 32506
	E TO
20 CONTRIBUTE AN	
	NGEL PKWY, SUITE 385, treet address (P.O. Box NOT acceptable)
PENSACOLA	FL 32506 → N
City	, State, and Zip
liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGRM	HAROLD PAGE III	
	38 S BLUE ANGEL PKWY #385	
	PENSACOLA, FL 32506	
MGRM	SHARON PARKER-PAGE	
	38 S BLUE ANGEL PKWY #385	
	PENSACOLA, FL 32506	
	NO OTHERS HE	<u>.</u>
	S 20 50	~
		U
	D, FLG	
	RIJA 2	
(Use attachment if necessary)		
	n the date of filing: MAY 20, 2007 . (OP	

REQUIRED SIGNATURE:

Signature of a member or an authorized 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.)

SHARON PARKER-PAGE, MANAGING 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)