

L07000124679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

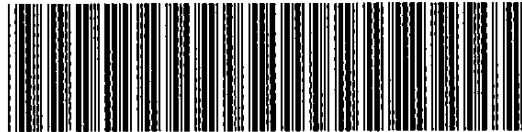
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700112879877

12/17/07--01025--019 **155.00

FILED

07 DEC 17 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2007 DEC 17 AM 11:46

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

BK

12/17

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Palm Village, LLC

Signature _____

Requested by: *WC*

Date *12/17*

Time *11:00*

Name _____

Walk-In

Will Pick Up

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ☒ ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ☒ ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____

Courier

FILED
07 DEC 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
PALM VILLAGE, LLC**

The undersigned executes these Articles of Organization of PALM VILLAGE, LLC, to form a limited liability company pursuant to the Florida Limited Liability Company Act.

ARTICLE I. NAME

The name of the limited liability company is: PALM VILLAGE, LLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 201 Front Street, Suite 224, Key West, Monroe FL 33040.

ARTICLE III. REGISTERED AGENT AND OFFICE

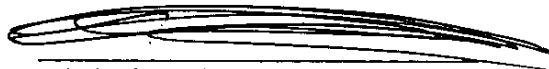
The street address of the initial registered office of the limited liability company is 201 Front Street, Suite 224, Key West, FL 33040, and the name of the limited liability company's initial registered agent at that address is Edwin O. Swift III.

ARTICLE IV. MANAGEMENT

This is a manager-managed company; therefore, management of this limited liability company is reserved to one (1) manager, whose name and address are as follows:

Edwin O. Swift III
201 Front Street, Suite 224
Key West, FL 33040

Having been named 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.



Edwin O. Swift III

Executed: 12/10/07, 2007

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.



Edwin O. Swift, III

FILED
07 DEC 17 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA