## L0800056958

ę٠,

(Requestor's Name)			
· (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
<b>A</b>			
Special Instructions to Filing Officer			
JUN 1 0 2008			
EXAMINER			
,			

Office Use Only



800131038198

06/09/08--01042--002 ++130.00

## **COVER LETTER**

TO: Registration Sec Division of Corp	porations	1 A	1
SUBJECT: Sum	mit Proper	ty Managemer Liability Company)	<u>st, LLC</u>
	(Name of Limited	Liability Company)	
The enclosed Articles of C	Organization and fee(s) are su	bmitted for filing.	
Please return all correspon	Ewald H	to the following:  PROBST	
		ame of Person)	
<del>- 4</del>		irm/Company)	
107 Hu	intley OAKs Placid Fl.	Blvd.	7000 SE
1	$\Omega$	(Address)	ARE JUN
LAKE			SS - O
	(City/S	State and Zip Code)	
For further information co	oncerning this matter, please c	all:	LOR STAL
EWALD F	) [ ]	at (863 ) 464 -0	97 8 417
(Name o	f Person)	(Area Code & Daytime Teleph	one Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Summit Property Management LLC  (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  107 Huntley OAKS Blud.  LAKE PLACID Fl 33852  Mailing Address:  5AME AS PRINCIPAL	
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 ASST TO THE NAME TO THE TOTAL NAME	ニニョフ
Florida street address (P.O. Box NOT acceptable);  Lake Placid FL 33852  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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manag	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M9RM	DAMARIS JORGE-PROBST
Anthritis (Specifical State Control of Contr	107 Huntley Oaks Blud. LAKE PLACID Fl 33852
Marm	
[N/2 KIA]	Ewald H. Probst 107 Huntley Oaks Blud
	LAKE PLACID TI 33852
- <del></del>	**************************************
	(Use attachment if necessary)
CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	or more than 90 days after the date this
	nt of State; <u>AND</u> 2) must be the same as ertificate of Conversion, if an effective
is listed therein.)	ALLE SEC
REQUIRED SIGNATURE:	AHE JUN T
Komois Lexel	trout SSR -
Signature of a member of an aut	horized representative of a member
of this document constitutes an aff	08(3), Florida Statutes, the execution irmation under the penalties of perjury
/	ted herein are true.)
JAMARIS JORGE-1	RODS / ed name of signee
i ypeu of brill	eu name di signec

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

**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)