

FROM : EZ-CCCTG
Division of Corporations

FAX NO. : 9547852564

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EZ ACCOUNTING & TAX SERVICE, INC.
Account Number : I19980000019
Phone : (954) 785-3855
Fax Number : (954) 785-2564

FLORIDA/FOREIGN LIMITED LIABILITY CO

HOWELL PROPERTIES LLC.

Certificate of Status	0
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EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
Of
HOWELL PROPERTIES LLC.

Article 1.

The name of the Limited Liability Company is HOWELL PROPERTIES LLC.

Article 2

The mailing address and street address of the principal office of the Limited Liability Company is: 2115 CAVALLA ROAD, VERO BEACH, FL 32963.

Article 3

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

MICHAEL KERLEW 2213 E. ATLANTIC BLVD., POMPANO BEACH, FL 33062.

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 appointments 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.


MICHAEL KERLEW

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MICHAEL KERLEW CPA
EZ ACCOUNTING & TAX SERV
2213 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

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STATE OF FLORIDA

Article 4

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

The name and street address of the manager(s) (MGR) or Managing Member(s) (MGRM) is as follows:

Name
TIMOTHY HOWELL
LETHA HOWELL,

Office Held
MGRM
MGRM

ADDRESS: 2115 CAVALLA ROAD, VERO BEACH, FL 32963

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)

MICHAEL KERLEW
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA