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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 : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (801) 745-2785
Fax Number : (801) 745-2814

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

APE Properties LLC

Certificate of Status	0
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M. THOMAS

OCT 21 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

958-45859

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

APE Properties LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:15841 Pines Blvd #130Pembroke Pines FL, 33027**Mailing Address:**15841 Pines Blvd #130Pembroke Pines FL, 33027**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert Pitter

Name

15841 Pines Blvd #130Florida street address (P.O. Box NOT acceptable)Pembroke Pines, FLORIDA 33027

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 Chapter 608, Florida Statutes.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Robert Pitter

5001 SW 201 Torr

Ft Lauderdale FL., 33332

MGRM

Donnis Egbors

14910 N Encino Cir

Pembroke Pines FL, 33027

MGRM

Joseph Armanda

4658 NW 7th Pl

Deerfield Bch FL, 33442

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Dennis W Egbors

Typed or printed name of signer

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TALLAHASSEE FLORIDA

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)