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(Business Entity Name)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:

L. SELLERS

FEB - 5 2009

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: PAL	Adise Lental (Name of Limite	d Liability Company)	16
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
1	Donald Cr	yw Name of Person)	
	,	value of 1 crson)	
**************************************	. (Firm/Company)	
1208	Sw Dyer	- Pt Ad	
Palm	City City	/ 3 4990 /State and Zip Code)	
For further information of	concerning this matter, please	call:	
Done U (Name	CN3W of Person)	at (77) 46. (Area Code & Daytime Tele	2-5357 ephone Number)
Enclosed is a check for	r the following amount:		
		\$155.00 Filing Fee & 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 C Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PANALise Central Properties L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 1208 Sw Dier Pt M
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: Donald Name Name
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, F.S Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
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MGKM	Teresa Roberts
	1208 SW Dier P+ 10
	- Palm C.7 F1 34990
M GRM	
MORM	DONAKI CIGO
	Oslan CI F1 3 4990
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(Use attachment if necessary)	
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offective data is listed, the data mu	n the date of filing: <u>7-/-09</u> . (OPTIONAL ust be specific and cannot be more than five business days
90 days after the date of filing.)	ust be specific and cannot be more than five business days
o and area and and or riving,	
REQUIRED SIGNATURE:	
	$\bigcap QQAA$
Signature of um	sambler 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.)

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)

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