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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Dusiness Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	P Real (Name of Limi	Estate INVested Liability Company)	tments, LLC
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Linda CA	ROL TRENCH	
		(Name of Person)	
	TRENCH (	Bentals	
		(Firm/Company)	
/	11.31 Sean	nANS LANE	
		(Address)	
	ANAMA City	ty/State and Zip Code)	,
	Ø <sup>Ci</sup>	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
LINDA TR	Of Person)	_at (850_)87/- (Area Code & Daytime Tele	2953
(Name	oi reison)	(Area Code & Daytime Tele	pnone Number)
Enclosed is a check fo	r the following amount:		
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
(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:				
11/31 SlamANS LANE PANAMA City, Fl. 32404	1/13/ SwamANS LANE PANAMA City, Fl. 32404			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
Linda Car Name	ol TBENCH			
Florida street address (P.O. Box NOT acceptable)				
Florida street addr PANAMA City, State, an	ess (P.O. Box <u>NOT</u> acceptable)  FL 33 40 4  d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

SECRETARY OF STAIL DIVISION OF CORPORATIONS

## 

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

Calaile and

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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