Electronic Filing Cover Sheet

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(((H10000198785 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

۲7-m 1	Address:			

FLORIDA LIMITED LIABILITY CO.

Penuelas Properties LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. BRYAN

SEP - 8 2010

EXAMINER

COVER LETTER

то:	Registration Division of C			
SUBJE	CT: Penuelas	Properties LLC		
		Name of Limit	ed Liability Company	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please 1	retum all corres	pondence concerning this mat	ter to the following:	
	Elaine Rajeski			#S. 6
			Name of Person	CR SE TI
	International Pa	rocess Plants		記って
,			Firm/Company	SE 7
	17A Marien Dr	iva		四点 星
•	TIM Interior De	110	Address	92 3
	Y1 Da \$31.0	8400		Dri &
	Hamilton, NJ 0		ty/State and Zip Code	-
	ElaineR@ippe		y, -1444 E.I. = -4, -2-2	
-			or future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For fun	ther information	concerning this matter, pleas	e call:	
	desid Boso Nicha	of Person	at (6 c 9) 5 86 - 80 Area Code & Daytime Toles	204 Share Number
Enclos	ed is a check i	for the following amount:		
원\$125 .	00 Filing Pee	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE J - Name:

(LLC Must end with the words "Lic	nited Liability Company, "L.L.C.," or "LLC.")	•
ARTICLE II - A		of the principal office of the Limited Liability Comp	any is:
Principal Office	Address:	Mailing Address:	
PR Road 385 KM		17A Marlen Drive	
Penuelas, Puerto Ri	io	Hamilton, NJ 08690	
The name and to	C T Corporation Syste	s of the registered agent are:	b -7
	1200 South Bine felon	1 Posed	经金额
	1200 South Pine Island	i Road B street address (P.O. Box NOT acceptable)	<u> </u>
		a street address (P.O. Box NOT acceptable) FI 33324	
	Florid	a street address (P.O. Box NOT acceptable)	<u> </u>

By: Carporation System Maria T. Chambers

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ronald Gale 17A Marien Drive
	Hamilton, NJ 08690
MGRM	Jan Gale
, <u> </u>	17A Marlen Drive
	Hamilton, NJ 08690
	<u> </u>
	mg z
	- From P
(Use attachment if necessary)	▶
TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	r or an inthorized representative of a member.
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penaltics of perjury
that the facts stated her	ein are true.)
that the facts stated her	ein are true.) Le Arts (new poed or printed name of signer

\$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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