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Office Use Only

G. MCLEOD

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EXAMINER



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Habe	Sours Jurier J Name of Limite	SLAND PROPERTIES d Liability Company	Lrc.
	f Organization and fee(s) are s		
Please return all corresp	oondence concerning this matte	er to the following:	
ME	HAEL A. DOOLE	Name of Person	
		Name of Person	
Home	PORT REALTY	Firm/Company	
		Firm/Company	
P.O. Box	- 1166		
		Address	
HOBE	Sound Fr. 3	3475	
110,0	City	/State and Zip Code	
HZLI	E-mail address: (to be used for	3475 //State and Zip Code ATL, COM or future annual report notification)	
For further information	concerning this matter, please	call:	
MICHAEL F	e of Person	at (772) 546 Area Code & Daytime Telep	- 1355 hone Number
Enclosed is a check	for the following amount:		
	\$130.00 Filing Fee & Certificate of Status	\$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	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOBE SOUND JUPITER ISLAND PROPERTIES L	LC			
(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 Lia	ability Company is:			
Principal Office Address: Mailing Address:				
HOBE Sound FL 33455 HOBE Sound FL 33455 HOBE Sound FL 3				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualistic sentity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
MICHAEL A. DOOLEY Name Name Name Name	HAY 31 PM			
Florida street address (P.O. Box NOT acceptable) HOBE SOUND, FL 33455 City, State, and Zip	D 1 2: 09 STATE FLORIDA			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the				

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

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:
MGR	MICHAEL A. DOOLEY P.O. BOX 1166 HOBE Sours FL 33475
MGRM	TERRY L. DOOLEY 8454 SE LAGOON DR. HOBE Soury, FL 33455
	•
	un the date of filing: <u> </u>
REQUIRED SIGNATURE:	
Signature of a r	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State release felony as provided for in s.817.155, F.S.)
^	TYPED A. DOOLEY 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)