111000143461

(Re	equestor's Name)	
. (Ac	ddress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500214624245

12/21/11--01021--033 **155.00

-2011-DEC 21 -- AM 8: 41
-- SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

DEC 22 2011

Corporate Direct, Inc.

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-782-2201 - Main 775-782-2611 - FAX 775-284-7167 - Lisa Direct

December 06, 2011

FL Secretary Of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Flobird Property 3, LLC

Dear Clerk:

Enclosed please find two original copies of the Articles of Organization for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards,

Lisa Shults

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flobird Property 3, LLC	•
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Lisa Shults	
Name of Person	
Corporate Direct, Inc.	
Firm/Company	
2248 Meridian Blvd., Ste. H	20 TA
Address	
Minden, NV 89423	DEC 2
City/State and Zip Code	
kapostolou@gmail.com E-mail address: (to be used for future annual report notifi	ication)
For further information concerning this matter, please call:	ORIDA
Lisa Shults _{at (} 775) 284	-7167
	time Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclars)	Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building	ion porations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZA	HON FOR FLORIDA LIMITED LIAD	IIIII COM AN
ARTICLE I - Name:		
The name of the Limited Liabili	ty Company is:	
Flobird Property 3, L	LC	
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
60 East Simpson Ave., Box 2869	9	
Jackson, WY 83001		
(The Limited Liability Company cannot set business entity with an active Florida regi		
The name and the Florida street	address of the registered agent are:	7 2
Gerri Detv	veiler	ALC 850 100
	Name	
1037 Gr	eystone Lane	2011 DEC 21 SECRETARY
	Florida street address (P.O. Box NOT acceptable)	بيورة أسماليا
Sarasota	34232	

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.

City, State, and Zip

Registered Agens'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:

"MGRM" = Managing Memb	er
MRG	Flobird Investments, LP
	60 East Simpson Ave., Box 2869 Jackson, WY 83001
	——————————————————————————————————————
	SECRETAR FALLAHASS
	<u> </u>
	ORIGINAL PROPERTY OF THE PROPE
(Use attachment if necessary)	
	than the date of filing: (OPTIONAL)
ffective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business days pr

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Lisa Shults, Organizer

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)