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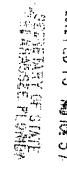
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FEB 1.4 2012

EXAMINER

## COVER LETTER

Division of Corporations		
SUBJECT: Penland Property Servi	ices LLC	
	d Liability Compa	ny
The enclosed Articles of Organization and fee(s) are s	submitted for filing	
Please return all correspondence concerning this matter	_	·
•	or to all following.	
Mark E. Penland	Name of Person	
Penland Property Services	Firm/Company	
3011 Sabal Palm Drive		
JOTT GADALT AITH DIIVE	Address	
Edgewater, Florida 32141		
	//State and Zip Code	
mpenland1@g.mail.com  E-mail address: (to be used for	or future annual repor	t notification)
For further information concerning this matter, please	•	,
Mark E. Penland  Name of Person	at ( 386 Area Code )	314-2114 & Daytime Telephone Number
		,
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sqrt{130.00 Filing Fee &}\$ Certificate of Status	\$155.00 Filing Certified Cop	
	(additional copy	is enclosed) Certified Copy (additional copy is enclosed)
		rier Address
Mailing Address Registration Section	Registratio	n Section
Division of Corporations P.O. Box 6327	Clifton Bu	
Tallahassee, FL 32314		e, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### Penland Property Services LLC

(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:	Mailing Address:
3663 South Atlantic Ave	3663 South Atlantic Ave
New Smyrna Beach, Florida 32169	New Smyrna Beach, Florida 32169

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:

Mark E. Penland	d e
	Name
3011 Sabal	Palm Drive
Florida	street address (P.O. Box NOT acceptable)
Edgewater	<sub>FL</sub> 32141
	City, State, and Zip

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing N	Member (
MGRM	Carol L. Hoffman
MORIT	1810 Beacon Street
	New Smyrna Beach, Florida 32169
MGRM	Brenda M. Penland
****	3011 Sabal Palm Drive
	Edgewater, Florida 32141
	<del></del>
	<del></del>
(Use attachment if neces	sary)
TICLE V: Effective date, if	other than the date of filing: (OPTIONAL)
an effective date is listed, the	date must be specific and cannot be more than five business days prior
or 90 days after the date of fi	ling.)
REQUIRED SIGNATI	JRE:
·	Cand of Hollow
Signatu	re of a member or an authorized representative of a member.
constitutes an a I am aware that	with section 608.408(3), Florida Statutes, the execution of this document.  firmation under the penalties of perjury that the facts stated herein are true.  any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)
	100 200
Mar	k E. Penland #문구 교 # #

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)