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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

B. KOHR
FEB 2 9 2012
EXAMINER



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PERSONAL AND STATE OF THE CHARLES OF



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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PAPILLON REAL ES	STATE			12 FUB 28
INVESTMENTS, LLC				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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				Art of Inc. File
				LTD Partnership File
			1	Foreign Corp. File
			Y	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
			ļ 	Dissolution / Withdrawal
				Annual Report / Reinstatement
			✓	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<u> </u>	Corp Record Search
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Signature				Fictitious Owner Search
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Requested by: BAN 02/28	AM		UCC 11 Speech	
Name	Date	Time	-	UCC 11 Search UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Paper Corporations 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: ### The part of the following:					
Name of Person					
Firm/Company					
Address					
City/State and Zip Code Dilere.a_ atkins 6. Cos di Ca - ti det E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Danie Of Person at (941) 726-8061 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address Registration Section Registration Section					

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Papellon Beal Esta te In vest ments LL ((Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," or "LLC.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: 3188 Maix St Ste C Sarasota, Fe 34237
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: Area Afkins Name Soo Londonderry Dr. Florida street address (P.O. Box NOT acceptable) Sarasota, the 34240 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

	to the second
ARTICLE IV- Manager(s) or Manager (s) The name and address of each Manager	er or Managing Member is as follows:
<u>Title:</u>	Name and Address:
"MGR" = Manager	ې
"MGRM" = Managing Member	att (8 mark)
1116K01	Chellony Carrot
	30 ma Vala 72 3922
MERM	Derither atkins
· - 	Coto EdotPrixte Prkway
MGRM	Jara 30 ta, # 34232
MGRM	Maria atkins
	200 London alerse, Ler
	Sara Sota JAC 134240
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
,	
REQUIRED SIGNATURE:	
Mare.a) atkins
Signature of a member	or an authorized representative of a member.
(In accordance with section 608.4) constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
I am aware that any false informa-	tion submitted in a document to the Department of State
270 H	s provided for in s.817,155, F.S.)
	d an amount at a an a

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)