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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Effective Date 5/1/2

SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY - 1 2012 T. HAMPTON

### **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations	
SUBJECT: Villag	ge Neighbors Prop	perty Management
SUBJECT:		ed Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	spondence concerning this matt	ter to the following:
Kathy Zv	wiebel	
		Name of Person
		Firm/Company
1315 Le:	ster Dr	
1010 200	J. 101.	Address
The Villag	es, FL 32159	
kathyzwieh	Cit pel@gmail.com	y/State and Zip Code
Katilyzwicz		or future annual report notification)
For further information	n concerning this matter, please	e call:
Kathy Zwiebel		at ( 352 ) 205-9207
Name	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee [	▼\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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 Circle Tallahassee, FL 32301

## Effective Date 5/1/2

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

A	RT	M	F	<b>T</b> _	Na	ma.
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The name of the Limited Liability Company is:

#### Village Neighbors Property Management, 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:	
1315 Lester Dr.	1315 Lester Dr.	
The Villages, FL 32159	The Villages, FL 32159	
		•

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:

Kathy Zwiebel	
	Name
1315 Lester	Dr.
Florida	street address (P.O. Box NOT acceptable)
The Villages	<sub>FL</sub> 32159
	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

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Emily Wilson
· · · · · · · · · · · · · · · · · · ·	17984 SE 91 Poplar Terrace
	The Villages, FL 32162
MGRM	Kathy Zwiebel
	1315 Lester Dr
	The Villages, FL 32159
<u> </u>	
(Use attachment if necessary)	
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