L12000128447

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

Office Use Only



700240186767

10/08/12--01009--016 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 OCT -8 AMIL: 20

C. LEWIS

OCT - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Juno Beach Prope	
50B0E01:	of Limited Liability Company
The enclosed Articles of Organization and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Melvin Stokes	
	Name of Person
Stokes Tax & Accour	nting Service
	Firm/Company
8347 Davison Rd.	
	Address
Davison, Michigan 4842	3
Bavison, Michigan 4042	City/State and Zip Code
stokes@aol.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	er, please call:
Melvin Stokes	at (810) 653-3990
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$130.00 Filing F Certificate of S	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Comp	pany is:	
Juno Beach	Properties I,	LLC	
(Mı	ist end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing address		of the principal office of the Limited Lia	bility Company is:
Principal Office A	<u> Address:</u>	Mailing Address:	
450 Ocean Dr., Co	ndo 201	Maroun G. Maroun	
Juno Beach, FL 33		10640 Roedel Rd.	
		Frankenmuth, MI 48734	
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its o active Florida registration.)	gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:	lual or another
Maroun G. Maroun		SION SION	
		Name	
	450 Ocean D	Or., Condo 201	SECRETARY OF CORP JIVISION OF CORP 2012 OCT -8
	Florida	street address (P.O. Box NOT acceptable)	E SE
	Juno Beach	_{FL} 33408	OF STATIONS OF STA
		City, State, and Zip	o *
liability compa	ny at the place design	t and to accept service of process for the a ated in this certificate, I hereby accept the	e appointment as

registered agent and agree to aci 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)

FILED

Title: "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): Ianager or Managing Member is as fo Name and Address:	2012 OCT -8	Ari
MGRM — Managing Member	Maroun G. Maroun		
VIOI (IVI	10640 Roedel Rd.		
	Frankenmuth, MI 48734		
MGRM	Deborah A. Maroun		
	10640 Roedel Rd.		
	Frankenmuth, MI 48734		
(Use attachment if necessary)			
LE V: Effective date, if other tha fective date is listed, the date m days after the date of filing.)	n the date of filing: ust be specific and cannot be more th	(OPTION nan five business da	AL) ays p
REQUIRED SIGNATURE:			

(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.)

Maroun G. Maroun

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)