

12/28/12

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000303240 3)))



H120003032403ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bob@visiaraandcompany.comFLORIDA LIMITED LIABILITY CO.
Pennock Properties LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

12 DEC 28 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 28 AM 11:42

FILED

G. MCLEOD

DEC 31 2012

EXAMINER

H12000303240

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Pennock Properties 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:

661 Maplewood Drive #8

661 Maplewood Drive #8

Jupiter, FL 33458

Jupiter, FL 33458

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

J. Michael Schwenk

Name

661 Maplewood Drive #8

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Jupiter, FL 33458

(City / State / Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 28 AM 11:42

FILED

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 - J. Michael Schwenk

ARTICLE IV - Manager(s) or Managing Member(s):

H12000303240

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager


"MGRM" = Managing Member

MGR

J. Michael Schwenk - 661 Maplawood Drive #8, Jupiter, FL 33458

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(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.)

J. Michael Schwenk

Typed or printed name of signer