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2012 DEC 26 PM 1: 55
SECRETARY OF STATE
ANALYSES FLORID

J. BRYAN

DEC 31 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: LUCY PROPERTIES LLC
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:
rease return an correspondence concerning him matter to the following.
FLORIAN SCHOFER
Name of Person
Firm/Company 70
Fig. 1
1621 MELLON WAY Address Address Address
SARASOTA, FLORIDA 34232
City/State and Zip Code
Iucypropertieslic@hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FLORIAN SCHOFER 855-5225
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ie;			
The name of the Lir	nited Liability Comp	any is:		TALLARIST TALLARIST
LUCY PROPERTIES LL	С			हिंद्य के लि
(Mus	st end with the words "Limi	ted Liability Compan	y, "L.L.C.," or "LL	C.")
ARTICLE II - Add The mailing address	lress: and street address o	f the principal o	ffice of the Lin	nited Liability Company is:
Principal Office A	ddress:	<u>Mailir</u>	ıg Address:	,
1621 MELLON WAY		1621 M	ELLON.WAY	
SARASOTA, FLORIDA		SARAS	OTA, FLORIDA	
34232		34232		
(The Limited Liability Corbusiness entity with an ac	gistered Agent, Reg npany cannot serve as its ov tive Florida registration.)	vn Registered Agent.	You must designate	
	FLORIAN SCHOFER (TR	USTEE)		_
		Name		-
	1621 MELLON WAY			_
	Florida s	treet address (P.O.	Box NOT accept	able)
	SARASOTA,	FI.	34232	
•		City, State, and Zi	p	-

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:

MGR	GIANFRANCA SCHOFER 2010 IRREVOCABLE TRUST			
WGIC	FLORIAN SCHOFER (TRUSTEE)			
	1621 MELLON WAY, SARASOTA, FL 34232			
	75			
	်စွန်			
(Use attachment if necessary)				
`				
LE V: Effective date, if other than	the date of filing: JANUARY 4TH, 2013 . (OPTIONAL)			

REQUIRED SIGNATURE:

Signature of a member or an 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. 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.)

FLORIAN SCHOFER (TRUSTEE)

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)