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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF
SOLIS COOPERSON
ATTORNEYS AT LAW

2425 COLORADO AVENUE, SUITE 200
SANTA MONICA, CALIFORNIA 90404-3588
TELEPHONE (310) 453-9202
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August 2, 2013

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

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2013 AUG -6 PM 3:11
TALLAHASSEE, FLORIDA

Re: Palms Court Memorial Apartments, LLC

To Whom It May Concern:

Please take notice this office represents David Stidham, Manager of Palms Court Memorial Apartments, LLC. Enclosed herein are executed Articles of Organization For Florida Limited Liability Company. Also enclosed is our check in the amount of \$160.00. Please return a Certified Copy and Certificate of Status in the enclosed postage paid envelope. If you have any questions, please contact the undersigned.

Very truly yours,



Solis Cooperson

SC/vj
encls.
cc: Client

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALMS COURT MEMORIAL APARTMENTS, 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:

1825 E. New York Ave. #3
DeLand, FL 32724

Mailing Address:

1825 E. New York Ave. #3
DeLand, FL 32724

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:

David Stidham

Name

1825 E. New York Ave. #3

Florida street address (P.O. Box **NOT** acceptable)

DeLand

FL 32724

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)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David Stidham

1825 E. New York Ave. #3

DeLand, FL 32724

MGRM

Robin Stidham

1825 E. New York Ave. #3

DeLand, FL 32724

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

David Stidham

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)

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TALLAHASSEE, FLORIDA