13000/1472/

(Re	questor's Name)	
(Ad	dress)	<u></u>
. (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special tions to	Filing Officer:	
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Office Use Only



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J. SAULSBERRY EXAMINER

AUG 14 2013

COVER LETTER

TO: Registration S Division of Co						
SUBJECT: Elev	en Properties	LLC				
SOBJECT		ted Liability Com	pany			
The enclosed Articles of	f Organization and fee(s) are	submitted for fili	ng.			
Please return all corresp	ondence concerning this mat	ter to the followir	ıg:			
Frank E	Elkins					
		Name of Person				
Eleven	Properties LL	_C				
		Firm/Company			£	2013
2102 B	elvedere Ave					AUG
		Address				2
Fernan	dina Beach F	L 32034	1			
		ty/State and Zip Co	de		32	क्
jfrankelkir	E-mail address: (to be used	for future ennual re	port potificati	on)	<u> </u>	52
For further information	concerning this matter, please		-			
	-		686	5 € - 4940		
Frank Elkir		_ _{at (} 904	/			
Name	of Person	Area Co	de & Daytime	Telephone Numb	er	
Enclosed is a check for	or the following amount:					
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	ору	Certifica d) Certified	Filing Fe ate of State d Copy of copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 Es	Courier Adoration Section n of Corpora Building xecutive Censee, FL 323	ations ater Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:	
rae name of the Emma	Elability Company is.	
Eleven Properties LLC		
	d with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre	ee.	
· • •	nd street address of the principal office of the Limited L	iability Company is:
Ü		
Principal Office Addı	ress: Mailing Address:	
2102 Belvedere Ave	same	
Fernandina Beach FL 32034		
ADTICI F III - Pagis	tored Agent Registered Office & Registered Agent'	's Signature
ARTICLE III - Regis (The Limited Liability Compa	tered Agent, Registered Office, & Registered Agent' ny cannot serve as its own Registered Agent. You must designate an indiv	's Signature:
The Limited Liability Compa business entity with an active	ny cannot serve as its own Registered Agent. You must designate an indiv Florida registration.)	vidual or another
The Limited Liability Compa business entity with an active	ny cannot serve as its own Registered Agent. You must designate an indiv	vidual or another
The Limited Liability Compa business entity with an active The name and the Flor	ny cannot serve as its own Registered Agent. You must designate an indiv Florida registration.)	vidual or another
The Limited Liability Compa business entity with an active The name and the Flor	ny cannot serve as its own Registered Agent. You must designate an indiversity of the registered agent are:	vidual or another
The Limited Liability Compa business entity with an active The name and the Flor Fra	ny cannot serve as its own Registered Agent. You must designate an indiverselved registration.) ida street address of the registered agent are:	vidual or another 2613 AUG 12
The Limited Liability Compa business entity with an active The name and the Flor Fra	ny cannot serve as its own Registered Agent. You must designate an indiversal of the registered agent are: ink Elkins Name	vidual or another
The Limited Liability Compa business entity with an active. The name and the Flor Fra 210	ny cannot serve as its own Registered Agent. You must designate an indiversity of the registered agent are: ida street address of the registered agent are: Name Name	vidual or another 2013 AUG 12 AH

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:
,

	
(Use attachment if necessary)	
LE V: Effective date, if other than th	e date of filing: (OPTIONAl st be specific and cannot be more than five business

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.)

FRANK ELKINS
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)