

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

Division of Co			
SUBJECT: Palm	Bay Property	y Holdings, LLC	
	Name of Limit	ed Liability Company	13 7
75		1 % 10 %	13 SEP -9
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	PH
	Mi	chael Faurot	PH 3: 41
		Name of Person	-
· · · · · · · · · · · · · · · · · · ·		Firm/Company	
	7139 9	S. US Hwy. 1	
		Address	
	Port St. L	∟ucie, FL 34952	
		ty/State and Zip Code	
	-	sbingo@aol.com for future annual report notification)	
For further information	concerning this matter, please	•	
	-		
Michael Fa	of Person	_at (772) 528-2076 Area Code & Daytime Telephone Number	
Name	or reison	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Property Holdings, LLC	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability	ty Company is:
Principal Office Address:	Mailing Address:	
Palm Bay Property Holdings, LLC	Palm Bay Property Holdings, LLC	
7139 S. US Hwy. 1	7139 S. US Hwy. 1	
Port St. Lucie, FL 34952	Port St. Lucie, FL 34952	 ಪ ≱ು
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Sig own Registered Agent. You must designate an individual of	or another ASSE
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual o	or another 🥕 🕏
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual of	ASSEE, J
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual of sof the registered agent are: Michael Faurot	ASSEE, J
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual of sof the registered agent are: Michael Faurot Name	ASSEE, J
The name and the Florida street address 7 Florida	s of the registered agent are: Michael Faurot Name 139 S. US HWY 1 a street address (P.O. Box NOT acceptable)	ASSEE, J
The name and the Florida street address 7 Florida	own Registered Agent. You must designate an individual of sof the registered agent are: Michael Faurot Name 7139 S. US HWY 1	ASSEE, J

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Michael Faurot	
	7139 S. US Hwy. 1	13
	Port St. Lucie, FL 34952	SE
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(Use attachment if necessary)	September 5, 2012	(ODTIONAL
CLE V: Effective date, if other than the effective date is listed, the date mus to or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: September 5, 2013 t be specific and cannot be more than	
CLE V: Effective date, if other than the effective date is listed, the date mus to or 90 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than	five business
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:		five business
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of a member of a member of a management of a	t be specific and cannot be more than	r. cument n are true.
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of a member of a member of a management of a	er or an authorized representative of a member 8.408(3), Florida Statutes, the execution of this do r the penalties of perjury that the facts stated hereimation submitted in a document to the Department	r. cument n are true.
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of a member of a member of a may are that any false information constitutes a third degree felonger.	er or an authorized representative of a member 8.408(3), Florida Statutes, the execution of this dor the penalties of perjury that the facts stated hereimation submitted in a document to the Department y as provided for in s.817.155, F.S.)	r. cument n are true.
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of a member of a member of a may are that any false information constitutes a third degree felonger.	er or an authorized representative of a member 8.408(3), Florida Statutes, the execution of this do r the penalties of perjury that the facts stated hereimation submitted in a document to the Department y as provided for in s.817.155, F.S.) Michael Faurot	r. cument n are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)