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B. BOSTICK
DEC 11 2013
TYAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Property Trust 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:

Williar	n Nugent		
-		Name of Person	<u> </u>
4			
		Firm/Company	
4725 Lu	icerne Lakes	Blvd. #211	
		Address	
Lake W	orth, FL 3346	67	
	Cit	y/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	2 5
For further information of	concerning this matter, please	e call:	ALLAW
			10 - G
	of Person	_ at ()	L.z.,)
Name (or rerson	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		phone Number 10 Kills 23
□\$125.00 Filing Fee	■\$130.00 Filing Fee &	□\$155.00 Filing Fee & □	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

Property Trust 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:	Mailing Address:
4725 Lucerne Lakes Blvd. #211	17.10 Curomo cimo cimo cimo cimo cimo cimo cimo c
Lake Worth, FL 33467	Jacobs, 1 2 30 467
	P.o. Box 131034
	HOUSTON, TX 77219-1034
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
business entity with an active Florida registration.	
The name and the Florida street address	ss of the registered agent are:
William Nugent	\$5. 5
, , , , , , , , , , , , , , , , , , , 	Name
4725 Lucerne Lakes B	· · · · · · · · · · · · · · · · · · ·
Florid	la street address (P.O. Box NOT acceptable)
Lake Wo	•••
	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..

MILLEMAN JUNE (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:

William Nugent 4725 Luceme Lakes Blvd. #211 Lake Worth, FL 33467 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIC ffective date is listed, the date must be specific and cannot be more than five but or 90 days after the date of filing.) REQUIRED SIGNATURE:	<u>Title:</u> "MGR" = Manager	Name and Address:
William Nugent 4725 Lucerne Lakes Blvd. #211 Lake Worth, FL 33467 Use attachment if necessary) LE V: Effective date, if other than the date of filing: Signature of a member or an authorized representative of a member of signature of a member or an authorized representative of a member of signature of a member or an authorized representative of a member of signature of a member of signature of a member of signature of signatu	•	
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