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COVER LETTER

Division of Corporations		
SUBJECT: 127 Palomino Drive 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:		
John E. Morris, as Trustee of JEM Rev. Tru	st	
Name of Person		_
Firm/Company		_
801 Maplewood Drive Suite 17		
Address	12 CO	103
Jupiter, FL 33458	3 - 7 : 1 - 7 : 1 - 7 :	2014 JAH 27
City/State and Zip Code primapro@aol.com	11.2	
E-mail address: (to be used for future annual report notification)	13	- H : H
For further information concerning this matter, please call:	(54) (31) (4)	-
John Morris561 _ 5751440	·**	
Name of Person Area Code Daytime Telephone Number	-	
Enclosed is a check for the following amount: \$\sim \frac{1}{2}\$\$ \$125.00 Filing Fee S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Certified Copy (additional copy is enclosed)	e of Statu Copy	s &
W		

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

127 Palomino Drive LLO				
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	-	
ARTICLE II - Add The mailing address		rincipal office of the Limited Liability Company is:		
Principal Office Ad	dress:	Mailing Address:		
801 Maplewood Drive S	Suite 17	801 Maplewood Drive Suite 17		
Jupiter, FL 33458		Jupiter, FL 33458	-	
	orida street address of the r Douglas R. Girvin, Esq. 1025 West Indiantown Roa Florida street address (registered agent are:	11 1 PA 12 PAIL 11	One observed One observed On
	Jupiter	FL 33458		
	City	Zip		
the place designa capacity. I further	nted in this certificate, I here agree to comply with the part I am familiar with and acco	accept service of process for the above stated limited liabieby accept the appointment as registered agent and agree rovisions of all statutes relating to the proper and completept the obligations of my position as registered agent as prochapter 605, F.S	to act in e perforn	this nance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGRM	John E. Morris, as Trusteed of JEM Rev. Trust	
	801 Maplewood Drive Suite 17	
	Jupiter, FL 33458	
		
	- 	
	••	
(Use attachment if necessary)		201
•	Fig.	2014 J
•	of filing: 1/23/2014 (OPTIONAL)	2014 JAN
E V: Effective date, if other than the date of octive date is listed, the date must be spec	of filing: 1/23/2014 (OPTIONAL) cific and cannot be more than five business days prior to	
(Use attachment if necessary) EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.)	of filing: 1/23/2014 (OPTIONAL) cific and cannot be more than five business days prior to	
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