U40000 36948

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEORETABLE OF STATE
FALLARIESSEE FLORION



Division of	Corporations		
SUBJECT: <u>FAE T</u>	rust, LLC		
,	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) an	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
Frank E	vans		
		Name of Person	
FAE Tru	st, LLC	Firm/Company	
		PillibCompany	
<u>3170 N.</u>	Federal Highway, Suite 10	Address	
<u>Lighthou</u>	se Point, Florida 33064 C	City/State and Zip Code	.
<u>frank@preferre</u>	dpropertiesint.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information	on concerning this matter, plea	ase call:	
Frank Evans	at (!	954) <u>684-6157</u>	
	ne of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Addi	ress IXS 7
	sistration Section rision of Corporations	Registration Section Division of Corporat	ions
	Box 6327	Clifton Building	
	lahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

EH 8: 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
FAE Trust, LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
3170 N. Federal Highway Suite 100J Lighthouse Point, Fl. 33064	3170 N. Federal Highway Suiite 100J Lighthouse Point, Fl. 33064	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered Agent. You must designate	e an individual or
Frank Evans		
Name		
3170 N. Federal Highway, Suite Florida street address (P.O. Box N		
· -		
<u>Lighthouse Point</u> City	<u>FL 33064</u> Zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature	the appointment as registered agent of all statutes relating to the proper an ations of my position as registered at 605, F.S	and agree to act in this d complete performance
		1
(CONTINUEI	D)	11.00 8.00 4
Page 1 of 2		FILED MAR -3 -44 & 25 RETARY OF STATE ANASSEL FLORDA

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Frank Evans
AWIDIY	3170 N. Federal Highway, Suite 100J
	Lighthouse Point, Fl. 33064
AMBR	Diane Holden
	3170 N. Federal Highway, Suite 100J
	Lighthouse Point, Fl. 33064
	e of filing: <u>2/24/2014</u> . (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) EVI: Other provisions, if any.	e of filing: <u>2/24/2014</u>
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Transition submitted in a document to the Department of State
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the penalties of perjury that the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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