L14000046969

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/26/14--01017--021 **160.00

Effective Date 2/25/14

SECRETARY OF STATE DIVISION OF CORPORATIONS

WAR 21 2014 J. HARRIS

COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	+ Anhane Name of Lin	Me Hoperties //C mited Liability Company	
The enclosed	1 Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	natter to the following:	
-	Christ	pher B. Cook	_
		Name of Person	_ 9
			J. T. V. S.
_		Firm/Company	
_	1920 Bay VI	ine Circle	OF CORF
_		Address	
_	Gulf Bree	te FL. 32563	CORPORATIONS
	Chrishcook 19	City/State and Zip Code 265 @ GMail. Com ed for future annual report notification)	
For further is	nformation concerning this matter, ple	rase call:	
SH	Name of Person	360 480.7155 Area Code Daytime Telephone Number	
Enclosed is a	a check for the following amount: ng Fee	S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status of Certificate of Status of Certificate Opy (additional copy is enclosed)	}
	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	

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2014

CHRISTOPHER B COOK 1920 BAY PINE CIR GULF BREEZE, FL 32563

SUBJECT: PANHANDLE PROPERTIES, LLC

Ref. Number: W14000013182

SECRETARY OF STATE ON SINISION OF CORPORATIONS

We have received your document for PANHANDLE PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L02000028156 (PANHANDLE PROPERTIES, LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 714A00004477

Effective Date 2/25/14

	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
A	ARTICLE I - Name: (OGSTA)
7 T	The name of the Limited Liability Company is:
look:	S Panhanate Properties, UC. Properties, UC.
	(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:
<u>P</u>	Principal Office Address: Mailing Address:
	1920 Bay Line Cr.
_	Chull Breeze FL James
-	32503
(ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.)
Т	The name and the Florida street address of the registered agent are:
	Chaistophas R Cont
	Name O
	1920 Bayline Cr.
	Florida street address (P.O. Box NOT acceptable)
	Gulf (Kiepzo FL 32567
	City 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 605, F.S Registered Agent's Signature (REOWRED)
	Registered Agent 5 Signature (REQUARED)
	(CONTINUED)

Page 1 of 2

SECRETARY OF SINIOHS
DIVISION OF CORPORATIONS

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Menager	Managa Park
MGK	1920 Bay Dine Circle
1 11	Gulf Breeze Ft 32563
TIMBK	Kennedy (3)C
	Gulf Brece FC 52503
(Use attachment if necessary)	
TCLE V: Effective date, if other than the date	e of filing: 0.05.14 (OPTIONAL)
TICLE V: Effective date, if other than the date n effective date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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TCLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6	pecific and cannot be more than five business days prior to or 90 depends on a new period of a member.
TCLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 dependence of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b) are true.
TCLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 depends on an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of periury that the facts stated herein are true.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)