L14000050830

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
W14-	5263	

Office Use Only



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MAR 27 2014 D. EPI'CE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2014

PAUL H. FREEMAN PAUL H. FREEMAN, ATTORNEY AT LAW 2 SOUTH UNIVERSITY DRIVE, SUITE 325 PLANTATION, FL 33324

SUBJECT: PAN SWFL INVESTMENTS, LLC

Ref. Number: W1400005263

We have received your document for PAN SWFL INVESTMENTS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document cannot be filed until the partnership is properly registered with this office. Please submit a Partnership Registration Statement and a check for \$50 to properly file the partnership with this office.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 114A00001767

COVER LETTER

Division of C				
SUBJECT: PAN S	SWFL Investment	s, LLC		
		of Resulting Florida Limite	ed Company)	•
			and fees are submitted to coordance with s. 605.10	
Please return all corr	espondence concernin	g this matter to:		
Paul H. Freema	n			
-	(Contact Person)			
Paul H. Freema	n, Attorney at Lav	V		
•	(Firm/Company)			
2 South Univers	ity Drive, Suite 32	25		
	(Address)			
Plantation, FL 3	3324			
(1	City, State and Zip Code)			
freemanph@aol	.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Paul H. Freema	n	_at (305)970	0-0805	2014 MAR 2
(Name of Conta	net Person)	(Area Code) (Day	vtime Telephone Number)	
Enclosed is a check t	for the following amou	int:		開発しま
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Pees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	PM 4: 18 FLORIDA
STREET ADDRES Registration Section Division of Corporat		MAILING A Registration Division of C	Section	

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (01/14)

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Other Business Entit	_{w"isa} general partnership ∰Y0000407
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized formed or inc	corporated under the laws of Florida
on Jan. 1, 1971 (date of organization, formatio	(Effect state, of it a non-15.5. Chirty, the name of the country)
(= +-B	
3. The name of the Florida L	imited Liability Company as set forth in the attached Articles of Organization:
3. The name of the Florida L PAN SWFL Inves	imited Liability Company as set forth in the attached Articles of Organization: tments, LLC
PAN SWFL Inves	
PAN SWFL Inves (Enter 4. If not effective on the date (The effective date: 1) cann	tments, LLC

Page 1 of 2



Signed this As day of January	20_14
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Paul H. Freeman	wat the same of th
Printed Name; Paul H. Freeman	Title: Manager Mamber
Frinted Name. darr. Freeman	Title, manager manager
Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Paul H. Freeman	[See below for required signature(s).]
Signature: Kaul	
Printed Name: Paul H. Freeman	Title: General Partner
	*** **********************************
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
C' .	
Signature:	77°.1
Printed Name:	I Itle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
If Directors of Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty i artifership.
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2



ARTICLES OF ORGANIZATION OF PAN SWFL INVESTMENTS, LLC.

I, the undersigned, for the purposes of forming a limited liability company pursuant to the laws of the State of Florida, does hereby make, subscribe, acknowledge and file the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is: PAN SWFL INVESTMENTS, 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:

13891 Jetport Loop Road Suite 9 13891 Jetport Loop Road Suite 9 Ft. Myers, FL 33913

Ft. Myers, FL 33913

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Paul H. Freeman 2 South University Drive Suite 325 Plantation, Florida 33324

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, Florida Statutes.

Registered Agent's Signature (REQUIRED)

O Road, Suite 9

ARTICLE IV MANAGERS/MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
AMBR .	Paul H. Freeman 2 South University Drive, Suite 325 Plantation, FL 33324
AMBR	Alan C. Freeman 13891 Jetport Loop Road, Suite 9 Ft. Myers, FL 33913
AMBR .	Neil D. Freeman 13891 Jetport Loop Road, Suite 9 Ft. Myers, FL 33913

ARTICLE V EFFECTIVE DATE

The Effective Date shall be the date of filing.

ARTICLE VI OHER PROVISIONS

This Limited Liability Company is organized for the general purpose of transacting any or all lawful business permitted under the laws of the United States and the State of Florida, including the ownership and management of real property located in the State or Florida or elsewhere, and other investments, including mortgages and notes.

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PAUL H. FREEMAN.

Typed or printed name of signee