L14000050856

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400257625234

03/10/14--01033--016 **130.00

THE SECRET WAS TO SECRET WAS T

MAR 28 2014 S. YOUNG

111/-15977

EFFECTIVE DA

COVER LETTER

TO:	Registration Division of	n Section Corporations		SECRET NAME NAME NAME NAME NAME NAME NAME NAME
SHRU	FCT: Par	amount Property Managem	ent IIC	
3000	<u>Fal</u>	Name of Lin	nited Liability Company	44.5
The en	closed Articles	s of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	espondence concerning this m	atter to the following:	
		Cindy Shaywitz		
			Name of Person	
			Firm/Company	
		321 Elmira CT.	Address	
				,
		Royal Palm Bea		
		C	ity/State and Zip Code	
_		maf873@gmail.	com d for future annual report notifica	ation)
				ation
For fur	ther information	on concerning this matter, plea	ase call:	
	Cindy Sha	ıywitz at (!	561) 294-0060	
		me of Person		lephone Number
Enclos	ed is a check f	or the following amount:		
	00 Filing Fee	✓\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
J \$123.C	or rinig rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>M</u> a	ulling Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tailahassee, FL 32301

Paramount Property Management Consultants, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR F	LUMDA	LAMIN ED LAAD	ILIT CONFAIT
ARTICLE I - Name:			
The name of the Limited Liability Company is:			ant Consultanto
Paramount Pr	opel	rty Ma	inagement Consultants
Paramount Property Managen			LLC
(Must end with the words "Limited	Liability	Company, "L.I	C.," or "LLC.")
,	•	• •	
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of th	e Limited Liah	ility Company is:
The maning address and sheet address of the principal of		e Billitica Biao	insy company is.
Principal Office Address:	<u>Mailir</u>	ng Address:	:
Cindy Shavwitz	Cindy	Shaywitz	
321 Elmira Ct	321 E	Imira Ct	
Royal Palm Beach, FL 33411	Boya	LPalm Beach	FL 33411
ARTICLE III - Registered Agent, Registered Office,	& Registe	ered Agent's S	ionsture:
(The Limited Liability Company cannot serve as its own			
another business entity with an active Florida registration		•	-
The name and the Florida street address of the registered	naant are	,	
The name and the Piorida street address of the registered	agent are	•	
Cindy Shayw	/itz		
Name			
321 Elmira (Ot .		
Florida street address (P.O. Box		ceptable)	
Doyal Balm Book	sh El	33411	
Royal Palm Beac City	h FL	Zip	·
51.9			
Having been named as registered agent and to accept set			
the place designated in this certificate, I hereby accep			
capacity. I further agree to comply with the provisions			
of my duties, and I am familiar with and accept the ob	tigations d ter 605, F		s registered agent as provided for in
Спар	er 005, r.	.ა	·
Condu Nh		wit-	
- Way VI	ayı	vis_	
Registered Agent's Signa	ture (B /EC	QUIREDY	
(CONTINU	ED)		ES 7
F			
Page 1 of 2			第二 第二

Title:		Name and Address:	
"AMBR" = Authorized	l Member		
"MGR" = Manager			
AMBR	_	Cindy Shaywitz	
		321 Elmira Ct.	_
		Royal Palm Beach, FL 33411	-
	-		_
		•	
	_		_
	-		_
			_
(Use attachment if nec	essary)		
f filing.) E VI: Other provisions,	if any.	and cannot be more than five business days prior to o	
f filing.) E VI: Other provisions,	if any.	and cannot be more than five business days prior to o	
f filing.) E VI: Other provisions,	if any.		
f filing.) E VI: Other provisions,	if any. N/t	Α	
f filing.) E VI: Other provisions,	if any. N/t	Α	
f filing.) E VI: Other provisions, REQUIRED SIGNAT	if any. N/	hawit_	
Filing.) E VI: Other provisions, REQUIRED SIGNAT	if any. N/A FURE: Can day Signature of a member of	or an authorized representative of a member.	
f filing.) E VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a	if any. N/A FURE: Signature of a member of with section 605.0203 an affirmation under the p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true.	
FEQUIRED SIGNAT (In accordan constitutes a I am aware ti	if any. N/A FURE: Signature of a member of with section 605.0203 in affirmation under the phat any false information	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume true. It is submitted in a document to the Department of State	
FEQUIRED SIGNAT (In accordan constitutes a I am aware ti	if any. N/A FURE: Signature of a member of with section 605.0203 in affirmation under the phat any false information	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume penalties of perjury that the facts stated herein are true.	
FEQUIRED SIGNAT (In accordan constitutes a I am aware ti	FURE: Signature of a member of each with section 605.0203 in affirmation under the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information the phat any false informa	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume to the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz	
FEQUIRED SIGNAT (In accordan constitutes a I am aware ti	FURE: Signature of a member of each with section 605.0203 in affirmation under the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information the phat any false informa	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume renalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State revided for in s.817.155, F.S.)	
FEQUIRED SIGNAT (In accordan constitutes a I am aware ti	FURE: Signature of a member of each with section 605.0203 in affirmation under the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information third degree felony as property of the phat any false information the phat any false informa	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume conclusive of perjury that the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz ed or printed name of signee	
FEVI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume consisted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz ed or printed name of signee Filing Fees:	
Filing.) E VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume conclusive of perjury that the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz ed or printed name of signee	
Filing.) E VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a signature and constitutes a signature	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume consisted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz ed or printed name of signee Filing Fees:	nt
Filing.) E VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a signature and constitutes a signature	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume consisted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz ed or printed name of signee Filing Fees:	
Filing.) E VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a signature and constitutes a signature	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume senalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz and or printed name of signee Filing Fees: Authorized representative of a member. By Company of the execution of this docume are true. Significant the execution of the period of the execution of t	nt .
Filing.) E VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a signature and constitutes a signature	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume consisted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz ed or printed name of signee Filing Fees:	nt
REQUIRED SIGNAT (In accordan constitutes a I am aware t constitutes a Signatures a Signature signatures a Signature	if any. N/A FURE: Gignature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this docume senalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.) Cindy Shaywitz and or printed name of signee Filing Fees: Authorized representative of a member. By Company of the execution of this docume are true. Significant the execution of the period of the execution of t	nt .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Paramount Property Mana	agement, LLC	·	. <u></u>	_	
(Must end with the words "Lin	nited Liability (Company, "L.L.C.," or "I	LLC.")		•
ARTICLE II - Address; The mailing address and street address of the princip	oal office of the	Limited Liability Comp	any is:		
Principal Office Address:	<u>Mailin</u>	g Address:			
Cindy Shaywitz 321 Elmira Ct		Shaywitz mira Ct			
Royal Palm Beach, FL 33411	_	Palm Beach, FL 3341	1	•	
(The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist Cindy Shapes of the Property Cindy Shapes	ration.)				
	ame				
321 Elm Florida street address (P.O.		eptable)			
Royal Palm I		33411			
City		Zip			
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appoi	ntment as registered ager les relating to the proper my position as registered	nt and agree t and complete	o act ii perfor	n this mance
Registered Agent's S	Inayu ignature (REQ)	JIRED)			
(CONT	INUED)		SEOF	14 1	
Page	1 of 2		45 55 55	MAR 10	

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
"MGR" = Manager	Memoer		
AMBR		Cindy Shaywitz	
	-	321 Elmira Ct.	
		Royal Palm Beach, FL 33411	
	_		
		•	
	-		
	_		
			_
	other than the date of filing	: <u>March 3, 2014</u> . (OPTIONAL) ad cannot be more than five business days prior to o	or 90 day
CLE V: Effective date, if of the control of the con	other than the date of filing date must be specific an if any.	d cannot be more than five business days prior to o	•
CLE V: Effective date, if or effective date is listed, the se of filing.)	other than the date of filing date must be specific an if any.		•
CLE V: Effective date, if of offective date is listed, the e of filing.) CLE VI: Other provisions,	other than the date of filing date must be specific an if any.	d cannot be more than five business days prior to o	•
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT	other than the date of filing date must be specific and if any. N/A	d cannot be more than five business days prior to o	•
CLE V: Effective date, if of offective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT	other than the date of filing date must be specific and if any. N/A TURE:	h auwet	•
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT	other than the date of filing date must be specific and if any. N/A TURE:	had cannot be more than five business days prior to o	
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance)	if any. N/A URE: Con dy light and the date of filing and the must be specific and the sp	had cannot be more than five business days prior to one of the control of the con	
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and constitutes are constituted.	if any. N/A URE: Con day ignature of a member of the with section 605.0203 a affirmation under the pe	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true.	
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the	if any. N/A URE: Cur du due with section 605.0203 a affirmation under the period at any false information s	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State	
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the	if any. N/A URE: Cur du due with section 605.0203 a affirmation under the period at any false information s	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true.	
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the	if any. N/A URE: Cury Cy ignature of a member of the with section 605.0203 (a affirmation under the period at any false information as third degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documenties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.)	
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the	if any. N/A URE: Cury Cy ignature of a member of the with section 605.0203 (a affirmation under the period at any false information as third degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State vided for in s.817.155, F.S.)	
CLE V: Effective date, if of ffective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the	if any. N/A TURE: Cin Cly Cly ignature of a member of a fifternation under the period and any false information sthird degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.) andy Shaywitz or printed name of signee	
CLE V: Effective date, if offective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the constitutes a	if any. N/A URE: Cur du due member of the with section 605.0203 a affirmation under the period at any false information sethird degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.) andy Shaywitz or printed name of signee Filing Fees:	
CLE V: Effective date, if offective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes and I am aware the constitutes a	if any. N/A TURE: Circulate with section 605.0203 (a affirmation under the penata any false information sthird degree felony as pro	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this docume nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.) andy Shaywitz or printed name of signee	

Page 2 of 2

SECRETARIO ASIO 42

3/14/14

CORPORATE DETAIL RECORD SCREEN

3:28 PM

NUM: L14000033317 ST: FL ACTIVE/FL LIM LIAB FLD: 02/27/2014

TOTAL CONTR: 0.00

: PARAMOUNT PROPERTY MANAGEMENT, LLC

PRINCIPAL: 12333 79TH CT. N.

WEST PALM BEACH, FL 33412 US ADDRESS

RA NAME : HARR, JASON C RA ADDR : 12333 79TH CT. N.

WEST PALM BEACH, FL 33412 US

: * NONE FILED * ANN REP

3:28 PM MANAGER/MEMBER DETAIL SCREEN 3/14/14

CORP NUMBER: L14000033317 CORP NAME: PARAMOUNT PROPERTY MANAGEMENT, LLC

NAME: HARR, JASON C TITLE: MGR

12333 79TH CT. N.

WEST PALM BEACH, FL 33412 US



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2014

CINDY SHAYWITZ 321 ELMIRA CT ROYAL PALM BEACH, FL 33411

SUBJECT: PARAMOUNT PROPERTY MANAGEMENT, LLC

Ref. Number: W14000015977

SECRETARY OF STAY

We have received your document for PARAMOUNT PROPERTY MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed cocument 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."

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.

Shelia H Young Regulatory Specialist II

Letter Number: 714A00005408

DO DOM GOOD WILL