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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	PALM TREE Name of Lin	VILLA LLC.	<u>.</u>
The enclosed	Articles of Organization and fee(s) ar	re submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
_	CHRISTA	TERRY Name of Person	
_	ADVANCED C	CONCEPTS MANA Firm/Company	AGEMENT, INC.
****	1985 AIRF	PORT ROAD Address	
	CORVALLIS C	OREGON 9 City/State and Zip Code OCOMCAST A d for future annual report notification	7333
	Terry 1961 E-mail address: (to be used	© COMCAST, A	IET
For further in	formation concerning this matter, plea		
CH	Name of Person	97/ 241-12 Area Code Daytime Tel	OO2 lephone Number
Enclosed is a	check for the following amount:		
] \$125.00 Filin	g 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)

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

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Elithica Elability Company is.
PALM TREE VILLA LLC. (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:
Principal Office Address: Mailing Address:
1985 AIRPORT ROAD PALM TREE VILLA LLC. SUI 2532 SANTIAM HWY. SE. 20 CORVALLIS, OR. 97333 ALBANY, OR. 97322
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 another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Jann Hillyer Son will be to the state of the
Name Hillyer 17379 Thalewood Ave. Florida street address (P.9. Box NOT acceptable)
Port charlottes 33954 5
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:
"MGR" = Manager	AMBR	CHRISTA TERRY 2532 SANTIAM HWYSE PMB. SUITE # 209 ALBANY OR 97322
		SAME
	MGR.	CHRISTA TERRY
		2532 SANTIAM HWY SE
		PMB. SUITE # 209
		ALBANY OR 97322
		TIMONIO ON 91340
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ELE V: Effective date, if of ffective date is listed, the deposition of filing.) ELE VI: Other provisions, in the feeting of filing.	her than the date of filindate must be specific affany.	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days af
LE V: Effective date, if of ffective date is listed, the ee of filing.) LE VI: Other provisions, it REQUIRED SIGNATU Sig (In accordance constitutes and I am aware that	her than the date of filindate must be specific affany. JRE: gnature of a member with section 605.0203 affirmation under the put any false information	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document, representative of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
LE V: Effective date, if of ffective date is listed, the ce of filing.) LE VI: Other provisions, it REQUIRED SIGNATU Sig (In accordance constitutes and I am aware that	f any. JRE: gnature of a member with section 605.0203 affirmation under the put any false information hird degree felony as proceedings.	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document, benalties of perjury that the facts stated herein are true.