Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000260502 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880

Fax Number : (407)244-5690

Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.

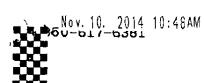
FLORIDA LIMITED LIABILITY CO. PS 37 IP2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. Burch MOV 1 2 2014

Electronic Filing Menu Corporate Filing Menu

Help





November 10, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GRAYROBINSON, P.A. - ORLANDO

SUBJECT: PS 37 IP2, LLC

REF: W14000067777

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II FAX Aud. #: H14000260502 Letter Number: 214A00023924

RECEIVED
14 NOV 10 AM 10: 00
WHEAD OF COMPUTATIONS
INFORMATION SERVICER.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	IP2, 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 pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2827 Union Street	P.O. Box 775	
Zellwood, Florida 32798 ARTICLE III - Registered Agent, Registered	Zellwood, Florida 32798	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	Zellwood, Florida 32798 Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) egistered agent are: Fabry	14 NOV 10 SECRETARY THE LAHASSE
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	Zellwood, Florida 32798 Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) egistered agent are:	+ NOV 10 PM ECRETARY OF LAHASSEE, F
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re Paul E 2827 Union Street	Zellwood, Florida 32798 Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) igistered agent are: Fabry Name	* NOV 10 PM
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re Paul E 2827 Union Street	Zellwood, Florida 32798 Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individugistration.) igistered agent are: Fabry Name	NOV 10 PM

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

The name and sudress of each person authorized	,
Title:	Name and Address:
"AMBR" = Authorized Member	
*MGR" ≈ Manager	
MGR	Patricia E. Fabry
	4566 N. Apopka Vineland
	Orlando, Florida 32818
AMBR	=
	Carl J. Febry
	4566 N. Apopka Vinetand
•	Orlando, Florida, 32818
MGR	Debid & Burne
	Patricia L. Buffkin
	411 E. Blue Water Edge Drie
	Eustis, Florida 32738
AMBR	Back M. Rock and
	Paul E. Fabry
	18210 McKinney Road
	Winter Garden, Florida 34787
MY	
(Use attachment if necessary)	VOX.
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TICLE V: Effective date, if other than the date of filing:	cannot be more than five business days prior to or 90 days offer
date of filing.)	m~(· · · · · · · · · · · · · · · · · · ·
once of timig.)	To To Supple
TICLE VI: Other provisions, if any.	
THE EE TI: Outer provisions, it may.	
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BEALGRON FLOWATEDE.	
REQUIRED SIGNATURE:	121
	? / - Wan
Signature of a marriage or	an authorized representative of a member,
(In accordance with section 605.0203 ()	(b), Florids Statutes, the execution of this document
	sities of Deguty that the there stated herein are thie.
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Page 2 of 2

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)