

May 21 2015 3:50 PM

L15000089935

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000123697 3)))



H150001236973ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SAXON, GILMORE, CARRAWAY, GIBBONS, LASH
Account Number : 120030000134
Phone : (813) 314-4500
Fax Number : (813) 314-4555

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

Email Address: jchack-on@saxongilmore.com

FLORIDA LIMITED LIABILITY CO.
PHA Isles of Pahokee, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

(4 w/ cover)

Electronic Filing Menu

Corporate Filing Menu

MAY 21 2015

((H15000123697 3)))



May. 21. 2015 3:50PM

No. 1088 P.: 2

((H15000123697 3)))



FF 800012369734801

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHA Isles of Pahokee, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jozette V. Chack-On, Esq.

Name of Person

SAXON GILMORE & CARRAWAY, P.A.

Firm/Company

201 E. Kennedy Blvd., Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

jchack-on@saxongilmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jozette V. Chack-On, Esq.

813

314-4519

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing 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 Address

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

((H15000123697 3)))



FF 800012369734801

May. 21. 2015 3:50PM

(((115 No. 1088) P. 3



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHA Isles of Pahokee, 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:

465 Friend Terrace
Pahokee, FL 33476

465 Friend Terrace
Pahokee, FL 33476

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:

Bernice S. Saxon, Esq.

Name

201 E. Kennedy Blvd., Suite 600

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL

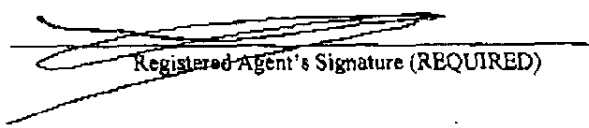
33602

City

State

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

(((1150001236973)))



May. 21. 2015 3:50PM

No. 1088 P. 4

((H150001236973)))



H150001236973ABC1

ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Pahokee Development Corporation

465 Friend Terrace

Pahokee, FL 33476

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

15 MAY 21 PM 4:58

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Organized for any and all lawful business.

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, P.S.)

Julia A. Hale, as Secretary of Pahokee Development Corporation

Typed or printed name of signee

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)

((H150001236973)))



H150001236973ABC1