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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

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Fax Number : (305) 633-9696

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

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FLORIDA LIMITED LIABILITY CO. MANOR ESTATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

15 NOV -6 PM 5:01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANOR ESTATES 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:

GREGORY A STEWART II

Name of Person

MANOR ESTATES LLC

Firm/Company

2290 10TH AVE N #601

Address

LAKE WORTH, FL 33461

City/State and Zip Code

gregory@gowithempire.com

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

For further information concerning this matter, please call:

GREGORY A STEWART

855

316-7233

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANOR ESTATES 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:

2290 10TH AVENUE N #601
LAKE WORTH, FL 33461

SAME

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:

GREGORY A STEWART II

Name

2290 10TH AVE N #601

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

LAKE WORTH FL

33461

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)

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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/MGR

Name and Address:

GREGORY A STEWART II

2790 10TH AVE N #601

LAKE WORTH, FL 33461

AMBR/MGR

MARK A VERES

12055 S SHERMAN LAKE DRIVE

AUGUSTA, MI 49012

AMBR/MGR

ANDREW D VERES IV

10145 LLOY STREET

PORTAGE, MI 49024

(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.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

GREGORY A STEWART II

Typed or printed name of signer

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