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:

'Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (713)429-1276

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Pemberly Estates LLC

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Corporate Filing Menu

Help

Friday, May 20, 2016

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	V					FILE	D
ARTICLESO	FORGANIZA	ATION FOR FLORIDA	LIMITEDLIABILI	TY COMPANY		HLV 27	PH 1: 48
ARTICLE I - Name:							
The name of the Limited Liabili	ty Company	is:				11.71	TF 3-FATE 1, HLM, DA
					1	A. F.	فأنك الباليوس
Pernberly Estates LI	<u>C</u>	3 - 447 2 - 14 - 3 Y 2 - 1-114	C	2) 07 T C 20			
(Must end	with the wor	ds "Limited Liability	Company, "L.L.C	" or "LLC,")			
ARTICLE II - Address: The mailing address and street a	ddress of the	principal office of th	e Limited Liability	y Company is:			
<u>Princip</u>	al Office Ac	dress:		Mailing Addre	55 :		
31 Navajo Trl			31 Navajo T				
Crawfordville FL 32	327		Crawfordvil.	le FL 32327			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serv	e as its own Registere	ered Agent's Sign d Agent. You mus	ature: et designate an indi	vidual	or	
The name and the Florida street	address of th	e registered agent are	:				
	THE LA	W OFFICES OF NIC	K SPRADLIN, PI	LLC			
		Name '					
	2202 N.	 WEST SHORE BLVI	D. #200				
	Florida s	reet address (P.O. Bo	ox NOT acceptabl	e)			
	TAMPA	FL		33607			
		City Stat	e	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

"MGR" = Manager MGR Ingala R Ingolfsson 31 Navajo Tri Crawfordville FL 32327 (Use attachment if necessary) Le V: Effective date, if other than the date of filing: (OPTIONAL) Le V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. Le VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is excepted in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware therefore, been information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. NICKO AS J. SPRADLIN AUTHORIZED REP OF A MEMBER Typed or printed name of signee Filing Fees: \$125.00 Filing Fees for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		Name and Address:
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